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ARTICLE 1.

REPORT OF SURGICAL CASES

TREATED AT THE CITY HOSPITAL DURING THE SPRING TERM, BY GEO. K. AMERMAN, M. D., ATTENDING SURGEON.

CASE 1.—*Fatty Tumor—Removal—Severe Erysipelas following the Operation—Recovery.*

Mrs. J. M., aged forty, born in New York; Grandmother died of cancer of the eye; mother died at the age of fifty-four, of tetanus, the result of an injury. In early life she had an affection of the lower lip, said to be cancerous, which was removed, but returned again before the wound had entirely healed, thus rendering a second operation necessary, which had proved a permanent cure. Father died at the age of forty, from some affection of the bowels.

Mrs. M. was married at the age of twenty-seven, up to which time she enjoyed ordinary good health, having never been of a robust constitution. She has given birth to five children, three of whom are now living, the youngest aged three and a half years—all healthy. Eight years ago, whilst nursing a child, she first observed a swelling, about the size of a small egg, situated just within the scapulo-clavicular articulation. She attributed its production to the carrying the child

so much on that side. The swelling, when first noticed, was free from pain and tenderness, movable, and natural in temperature. The skin covering it was normal in appearance. It felt, as she expressed it, like a piece of soft sponge. From that time till the present it has slowly increased in size, otherwise retaining its original characteristics. About two years ago she began to feel shooting pains down the arm, fore-arm, and hand. During the last six months its growth has been much more rapid than formerly. It has now attained the size of a large orange, is situated over the anterior surface of the shoulder, just below the clavicle, extending over the side of the chest, and overhanging the axilla. It is nearly globular in shape, is freely movable, having no neck, and has an elastic, almost fluid feel. The skin covering it presents a natural appearance, except, perhaps, an unusual number of veins ramifying over its surface. It is free from pain and tenderness, except when handled a length of time, which gives rise to a shooting pain down the arm. On careful examination it is found to be of different density in spots. At points there are slightly elevated nodules which are quite hard and dense, imparting the sensation of a solid floating in in some fluid. These solid substances were first observed by the patient about six months ago, being more sensitive than other parts of the tumor. The lymphatic glands in the axilla and vicinity are healthy. The general appearance of the patient is good, but not that of robust health. The local character of this tumor, its slow growth, the absence of pain, its being movable, its not having involved the surrounding parts, or neighboring lymphatics, induced me to regard it as non-malignant and recommend its removal.

The operation was performed April 4th, 1860. Two incisions extending obliquely downward and inward, from a point about half an inch from the scapular end of the clavicle, five inches in length, enclosing an elliptical portion of the integument, and extending through the skin, brought the mass fully into view, and rendered its enucleation simple and easy, by the fingers alone. One vessel, only, required the ligature. Simple dressings were used, and an anodyne ($\frac{1}{3}$ gr.

Morphia) given to quiet the patient. The anesthetic employed was Ether Sulph., which, though it produced complete anesthesia, had a very unpleasant effect after the operation, retarding reaction, and causing continued retchings and nausea for twenty-four hours. The tumor consisted of one mass of fat, thinly enveloped by a cyst wall but having numerous prolongations sent out into the surrounding parts. The whole mass was lobular, its central portion containing a solid material about the size of a small egg, of much firmer growth and consistence.

April 5.—Patient did not rest any last night, the nausea and frequent attempts to vomit continuing to harass her constantly. Pulse 120; skin hot; considerable thirst; wound glazed over throughout most of its extent and transudes a thin, bloody, serous fluid. Ordered cold water dressings to be applied, cooling draughts, and small doses of opium to allay the irritability of the stomach. At noon the excitement and febrile reaction seemed altogether disproportionate to the severity of the operation, and I was at a loss to account for it. Ordered Tr. Aconite ℥i, tr. Opii. Camph., Spts. Nit. Dulc. ää ℥i. Teaspoonful every three hours.

Evening—Pulse 130; skin very hot; face flushed, and pain in every part of the body. In addition to the above gave an anodyne, (1 gr. Morphia.)

April 6.—Slept some last night; nausea almost gone. Fever still high; pain in the head, back, and limbs, as yesterday; pulse 136; wound perfectly dry, the edges in apposition, but not adherent or disposed to action. All around, and extending over that side of the chest, neck, and shoulder, there is a bright red flush, indicative of the trouble and constitutional disturbance. Discontinued the cold water dressings, removed a part of the sutures, and painted the wound with the Tr. Iodine. In place of the fever mixture gave pills of Quin. et Ferri. At noon the redness had extended and the fever increased. Tr. Iodine to the wound, and in addition to the pills, the Tr. Ferri. Mur. every hour. In the evening the remainder of the sutures were removed, a poultice of flax seed applied, and 1 gr. Morphia given to procure rest.

April 7.—Slept some the latter part of last night, and feels a little more comfortable this morning. Fever slightly diminished; pulse 120, feeble; tongue coated; bowels costive. The wound discharges a small quantity of unhealthy, offensive pus and blood. Erysipelas stationary. Continued the same treatment as yesterday, with beef essence every hour. At noon more restless, and fever as severe as ever; gave a full dose of opium.

April 9.—Condition much improved since last note. Erysipelas much less; the wound discharging freely, good, healthy pus; fever almost gone. Discontinued the Tr. Ferri. Mur.; other treatment same.

April 12.—Erysipelas entirely gone; wound granulating finely; no fever; patient weak and prostrated. Continued the Quin. and Iron, and simple cerate to the wound, till it was entirely healed, which rapidly followed the subsidence of the erysipelas.

Remarks.—An interesting feature connected with the above case, is its hereditary history. The grandmother and mother of this patient were both affected with cancer. The first, with, probably, encephaloid of the eye, which caused her death; this being, according to some, the most active and malignant form of cancer. The latter with epithelial cancer of the lip, which is, according to many authors, the mildest form of the disease, the least malignant, and least likely to return after removal. With this hereditary predisposition, we might have anticipated cancer in this patient, and such, indeed, was the opinion of some of the surgeons who had been consulted regarding it. The hereditary tendency of cancer is a well recognized fact, but whether the children of parents affected with simple, non-malignant growths, are more liable to suffer from malignant disease than the offspring of healthy parents; or, whether the children of parents affected with cancer are more liable to suffer from simple, non-malignant growths, are questions which, as yet, remain unanswered. Paget, in his article on tumors, alludes to this subject.

Another interesting feature in the above case, was the presence of those indurated knots in its substance. These

were found, on microscopical examination, to be nothing more than an interlacement of fine fibres, similar, in all respects, to the fibro-cellular tissue in other parts of the tumor. A hard mass, developed in the substance of a fatty tumor, Paget regards as the result of a slow form of inflammation, producing contraction, and hardening of the fibro-cellular tissue of the part, and he mentions a specimen contained in the Museum of St. Bartholomew's Hospital, of a fatty tumor, the seat of osseous formations. Without a knowledge of these facts, the diagnosis might be obscure and difficult. Fatty tumors yield to no treatment except extirpation by the knife, and being generally enclosed in a thin cyst, the operation is exceedingly simple and easy. The wound seldom unites by the first intention.

CASE II.—*Talipes Varus—Both Feet—Division of the Tendo-Achillis—Result Successful.*

Walter McPherson aged one year and nine months, applied as an out patient at the Hospital, March 6th, 1860, for a congenital deformity of the feet. Both feet turned inward, the soles facing each other. In walking, the weight of the body rested entirely on the outside of the feet, at which point, just over the tarso-metatarsal articulation, an artificial bursa was developed. The elevation of the heel was not a very prominent feature in this case, but any attempt to bring the feet to their normal position, caused the Tendo-Achillis to become tense and prominent. The deformity was greatest in the left foot. The treatment consisted in division of the Tendo-Achillis, the application of a sheet iron shoe with side splints extending up the leg, and the subsequent use of an ordinary shoe with a stiff sole. The operation was performed March 6th, anesthesia produced by Ether Sulph., which acted very kindly and without any unpleasant after effect. The iron shoes were immediately applied, the feet brought very nearly into proper position, and their use continued for four weeks, when they were replaced by common shoes with stiffened soles.

Remarks.—Tenotomy, or the sub-cutaneous division of ten-

dons for the relief of deformities, and especially those of the feet, has now become such an established principle in the treatment of these difficulties as to be no longer a question for discussion. It, conjoined with proper mechanical means, seldom fails to entirely remedy the deformity, and when properly executed, is free from danger. Mechanical appliances form an important and essential part of the treatment, their object being to reduce the deformity and retain the member in its proper position. These, then, form the elements of treatment for club-foot. First, the division of the tendon or tendons at fault; Second, the use of such an apparatus as will reduce and prevent the recurrence of the deformity.

The division of the tendons is a simple, easy, and safe operation. The particular tendon or tendons at fault will depend on the variety of the deformity, there being four for each foot. Immediately after the division of the tendons, an apparatus must be applied of such make as to bring the foot nearly or quite into its proper position. Generally it requires some time, perhaps a week, to entirely reduce the deformity, but by perseverance it can always be accomplished, providing the seat of the difficulty was in the divided tendon. Great care is necessary during this period of the treatment, as the result will depend, almost entirely upon a proper adaptation of the mechanical appliances used. These must be carefully padded, worn day and night, and readjusted as often as they become at all loose or deranged. The length of time necessary to effect a cure varies in different cases, from four weeks to as many months, so that it is impossible to fix any definite time required to cure any particular case. The causes of this deformity, the appearances on dissection of the deformed part, the age most favorable for the treatment, and the different modifications of apparatus used, are all matters of interest and importance connected with this subject, and demand the careful attention of those who attempt their management.

CASE III.—*Fracture of both Bones of the Leg—Imperfect Union—Application of Side Splints—Recovery.*

Hugh Jones, aged twenty-seven, born in Wales; habits

moderately temperate; general health good; whilst engaged in blasting a tree, January 12th, 1860, a portion of its root struck him with great violence, about the middle of the left leg, producing an oblique fracture of the tibia and fibula. The soft parts were uninjured to any great extent. A surgeon was called, who immediately reduced the fracture and dressed it with compresses, two side splints, and a roller bandage. He was confined to his bed, and everything progressed favorably for three weeks without any change in the dressings or re-adjustment. At the end of this time the dressings were removed for the first, but union not being firm, they were again applied in the same way, and the part maintained at perfect rest for four weeks longer. At this period, seven weeks from the receipt of the injury, all the dressings were removed, and the patient directed to use his limb as much as possible.

March 27th, ten weeks from the date of the fracture, and three after all treatment had been discontinued, he was admitted into the City Hospital. The limb, at the time of his admission, was greatly swollen, and any attempt to use it produced severe pain at the seat of the fracture. The foot of the affected side was rotated inward, the limb having an outward curvature of considerable angularity at point of fracture. On taking hold of the limb and using gentle pressure, it readily yielded at the seat of the fracture, and could be brought almost into its proper position, the union being too imperfect to support its own weight while extended. It was dressed with a roller bandage from the toes to the knee, two well-padded side splints, and a second roller, applied rather tightly over the whole; also enjoined perfect rest. This treatment was continued for four weeks, the dressings re-adjusted weekly. At the end of that time the limb was perfectly straight and the union much more firm. A starch bandage was now applied, with pasteboard splints, and the patient allowed to go about on crutches. This was continued for three weeks longer, when all dressings were removed and the patient discharged cured, having been under treatment at the Hospital seven weeks.

Remarks.—The important practical feature connected with the above case is the admonition furnished us, in observing the effect produced by the too early removal of the dressings and the attempt to use the limb before union was firmly established. At the end of seven weeks everything looked favorable, the limb having united without deformity, and no doubt with considerable firmness, and had the dressings been continued a few weeks longer, the result would have been, in all probability, perfectly satisfactory. Three weeks later, and the limb is seriously deformed, movable at the seat of fracture, unable to support its own weight, swollen and painful, and this result, plainly attributable to the too early discontinuance of proper treatment. The length of time required for a perfect union in fractures of the leg, the first intimations of trouble if the dressings have been removed too early, the various plans of remedying the deformities which occasionally follow these accidents, and also the success we may anticipate in their proper management, are questions full of interest and importance, and having received, of late, careful attention and study from those eminently qualified, should be familiar to every one undertaking their management.

We have had another case somewhat similar to the above under treatment as an out-patient at the Hospital, and in this connection will give a brief abstract of the history.

Case IV.—E. L., aged nine months. About two months ago her mother observed that she favored her right arm, and flinched whenever she was carelessly handled. She, however, thought nothing serious of it, and as there was no swelling, no attention was paid to it. About three weeks ago she observed for the first, that the fore-arm was considerably bent, the convexity being on the dorsal surface. This alarmed her, and she applied as an out-patient at the City Hospital, April 17th, 1860. At the time of her application an angular curvature existed at about one inch below the elbow joint, having its convexity on the dorsal surface. The motions of the fore-arm were unimpaired; no pain on moving the part. The

nature of the case was very evidently fracture of both bones, and union with deformity. The treatment consisted in the application of a dorsal and palmer splint, confined rather closely by means of a roller bandage. Dressings readjusted weekly. Discharged cured May 15th, having been under treatment nearly four weeks. One common feature in both the foregoing cases, was the presence of what has been formerly regarded as the provisional callus. In the first case, a hard, elevated ring, completely encircled both bones at the seat of the fracture, and was apparently thickest on their convexity. In the latter case, the same condition existed at the fractured part, but not so distinctly marked. In both, this callus underwent partial absorption during the treatment, and doubtless will, in time, entirely disappear. This "provisional," or "ensheathing" callus, as it is termed by Paget, he regards as uncommon in the human subject, except the part be frequently moved, and the apposition imperfectly maintained. If this reasoning is correct, we must attribute its production, in the above cases, to the improper use of the part, and must expect its occurrence only in those instances where inadequate means are employed to maintain perfect rest and apposition of the fractured bones.

(To be continued.)

ARTICLE 2.

INTERCRANIAL TUMOR.

BY W. J. MOODY, M. D.

Edwin Williams, aged thirteen, form light and active, constitution robust, and health heretofore excellent, was afflicted about the first of May last, with a swelling on the left side of the neck, reaching from a point just posterior to the angle of the inferior maxilla, to one opposite to its articulation with the temporal bone. At first not much attention was paid to the

tumor, but it soon became so intensely painful as to alarm the parents, and excite my unqualified surprise. I was thus induced to make a more thorough examination, when I ascertained that the tenderness extended to the articulation. I now became satisfied that the inferior maxillary nerve was involved. If I had any doubts of this, they were soon removed by the appearance of a tumor upon the inside of the mouth, exactly at the point of division of the nerve, by the external pterygoid muscle. This protuberance became extremely painful, and it was with the utmost difficulty that the patient could separate the jaws far enough to admit necessary food.

Emollient and anodyne poultices were now kept constantly applied, externally, with the effect of mitigating, somewhat, the pain and swelling, until, finally, about a fortnight from the time of the first attack of the disease, it was dislodged from its first point of attack, only to re-appear immediately at another.

The patient soon began to complain of pain above and posterior to the angle of the right eye. Soon the flesh began to puff up at the point of emergence of the frontal nerve through the supraorbital foramen, and extending throughout the whole course of the nerve. This attack was attended with the same severe pain as the original one, for a few days, when it, in its turn, disappeared, to be followed immediately by the grave symptoms of intercranial tumor. I shall, in the course of these remarks, enter into no disquisition upon the probabilities of metastasis of nervous disease, in the present case, and others, but merely make a statement of "unvarnished" facts, leaving your readers to draw their own conclusions therefrom; premising only thus far, that the case may be found to present points of interest, both in regard to the peculiarity of its commencement, and in presenting the diagnostic signs of a disease, in the illustration of which our standard medical literature, as far as I have referred, is somewhat deficient.

The first symptom which supervened upon the transfer of the disease inwardly, was *intense* and *persistent cephalalgia*.

This would generally come on in the morning and continue throughout the day and greater part of the night, and was the most constant symptom throughout, of the course of the disease. About the first of June, strabismus of a decided character occurred, the sense of hearing became slightly impaired, and partial hemiplegia followed, upon the opposite side. The latter symptom, however, was quite mild, being indicated merely by slight numbness and coldness over the right side. About this time vertigo and vomiting occurred occasionally, and the mind also became much enfeebled, thus heralding the impairment which was taking place in the cerebral functions. To use the expression of the parents, he became notional and silly in conversation.

Toward the close of the month, the patient, while riding horseback, over a mile from home, was seized with an epileptic attack, fell from his horse, and was taken up and carried home insensible. Soon after being placed in bed he partially revived; his mind, however, remained in a sort of haze for over half an hour afterward, his conversation being mostly incoherent, and his eye-sight only partly restored in the mean time.

I should have mentioned that when I first attended the patient, he resided in Wheeling, Cook county, Ill. About the first of June I moved to my present locality. Here I received a minute account of the progress of the case, and finally, in July, he was brought here for treatment. I was struck at once, on seeing him again, by his debilitated and cachectic appearance. Judging that supporting treatment was one of the indications to be fulfilled, I at once prescribed Syrup Ferri. Iodidi, with blisters behind the ear. The temporary effect of this treatment was even more favorable than I had ventured to expect it would be. All the symptoms gradually abated, until about the middle of September, when the patient appeared, with the exception of occasional vertigo, and a slight vestige of strabismus, entirely recovered. No relapse followed until about the beginning of February last, when, in consequence of getting wet the symptoms all recurred. Now, at times, he exhibited phenomena

much resembling those of hysteria, appearing apprehensive, peevish, and difficult to please. His eyes became very sensitive to light; so much so that he would keep them closed for hours at a time, to avoid it. He was oppressed, much of the time, with that peculiar anxiety which is so often manifested upon the encroachment of disease upon the vital organs. In this condition he remained until the 22d, when a second epileptic attack closed the scene.

The best exposition which we have ever met with of cases of the above nature, is a monograph published by Freidreich,* containing the particulars of forty-five cases, eleven of which were observed by himself. I will present here an abstract from his article, showing briefly the symptoms, and the proportionate number of cases in which each presented itself, according to the locality of the tumor:

SYMPTOMS.	LOCALITY OF TUMOR.
Obstinate cephalalgia.	Cerebrum, 18 cases—(14.) Base of Brain, (9)—Frontal Headache, (13) Petuitary 1, case 1. Anterior base of brain, in all cases examined. Peduncl. Cereb. and Cerebel. Cerebellum, 8 cases—(7.)
Vertigo and Vomiting.	Cerebrum, (9.)
Derangement of motory functions, paralysis and epileptic convulsions.	Cerebrum, (14.) Base of Craneum, (common.) Peduncles, paralysis of face, opposite side.
Derangement of Special Senses.	Cerebrum, (10); Sight (7.) Base of brain, sight, (7); hearing, (5); smell, (3.) Pitutay case, 1 with double blindness. Anterior part of base, 2 cases, symptoms same as above. Pedim. des complex derang. spec. sense.

* *Beiträge zur Lehre von den Geschwulsten innerhalb der Schädelhöhle, Wurz. u rg*, 1853.

SYMPTOMS.	LOCALITY OF TUMOR.
Intelligence impaired.	Cerebrum, (11.)
	Base of brain, (5.)
Occipital cephalalgia.	Cerebellum (4.)
	This symptom, when it occurs, may be considered pathognomonic of tumor's location at this point.

The numbers not inclosed in brackets denote the number of cases seen; those not inclosed, the number of times the symptom alluded to occurred. Strabismus is mentioned as common.

ARTICLE 3.

STRICTURE OF THE URETHRA. TREATMENT OF AND OPERATION FOR.

BY S. WILKINS, M. D., VANDALIA, ILL.

January 4th, 1859, I commenced treating the following case, the subject of which I find to be thirty-seven years old, weight 165 pounds, (when in health,) and highth five feet, ten inches; temperament, nervous-sanguine; occupation, a farmer.

History.—May 1858, (as I learn,) he received a kick from a man which wounded the urethra. From the physicians who were called to treat the case, one of them when the accident first occurred, and the other soon after that time, I had learned that effusion in the scrotum and perineum took place, which was followed by suppuration. His condition when I saw him, was as follows:

Pale, emaciated, constipated; urine of a reddish color and appetite usually bad; sharp and anxious countenance; tongue coated with a dirty yellow; rigors and night sweats; passes no urine through the penis, but on examination a stricture is found about five or five and a half inches from the extremity of that organ in the urethra. Behind this stricture was a urinary fistula through which the urine all passed. Around this fistula the scrotum was drawn up and appeared adherent to the urethra. Being unable to control his urine, it dribbled away with irregularity. It was caught and absorbed by cloths, and its odor made it very disagreeable to be in the room. His condition was pitiable indeed. He was willing to submit himself to any treatment or risk which would promise the least prospect of cure.

Appropriate constitutional treatment was instituted, and his general condition soon improved. The local treatment consisted in that which is usual in such cases, viz: the introduction of catheters, bogies, and sounds, down to the stricture through which it was impossible to pass, although I took impressions with a wax bogie, learned the direction which the channel appeared to take, and made repeated trials. These trials were made with gum catheters and bogies of various sizes, flexible and inflexible, all of which had been bent in various directions, to suit the case if possible. By the introduction of catheters and bogies occasionally, the urine, to some extent, was made to flow out of the urethra at the extremity. This, however, would not continue long at a time, when the urine, or most of it, would pass through the stricture. Cauterization of the stricture was resored to with the nitrate of silver. It was introduced, protected on the side, and held in contact with the stricture for one minute, when it was withdrawn. Considerable pain followed its introduction, which would become so severe soon after as to require sedatives in large doses, to allay it. I had learned, from a wax impression, that the stricture was more in the left than the right side, which was taken advantage of, both in the introduction of the catheters and bogies, and in the application of the caustic. Although a bogie or catheter would sometimes

appear to enter and become grasped by the stricture, I was never able to introduce any instrument into the bladder. It appeared as though a part of the stricture might have been obliterated, as the instruments seemed to pass to a greater extent in the penis. Repeated stretching, however, might have elongated that organ. Not being able to decide this question, each one of the profession can decide it for himself. Having treated the case a sufficient length of time, and having consulted several surgeons in relation to it, I determined on the following operation, which was performed June 10th, 1859:

Operation.—Drs. Haller, Hickman, Bassett, and Tidball, being present, and kindly lending me their assistance, the patient was placed as in the operation for lithotomy. A metalic sound was introduced in the urethra down to the stricture, and supported there by an assistant. The scrotum was raised and supported, so as to be out of the way. Being under the influence of chloroform, an incision in the perineum was made, extending longitudinally over the urethra about two inches in length. This was gradually deepened in the direction of the sound till it was reached. It was found about one inch or over from the surface. In the region of vessels the back of the bistoury was used in place of the edge, and when cutting through the stricture, the point of the knife was directed to it by having the index finger of the left hand introduced into the wound, feeling for the point of the sound, and keeping the end of the finger as near to it as possible. The bistoury was directed to the stricture by the side of the finger, with its edge in the wound and back towards the scrotum, in order to lessen the chances of wounding the vessels. An instrument was introduced in the bladder, by finding the place from which the urine flowed; this latter having been retained for that purpose. The stricture was exceedingly hard to cut, so much so that the assistants could both hear and feel the cutting. When the stricture was opened and the sound passed through, it was withdrawn and a gum catheter of good size introduced in its place, when it was introduced on into the bladder, along a director which

was held in the urethra, at the wound, for that purpose. The director was then withdrawn, the wound closed over the catheter, cold water dressing compress and bandage applied. The hemorrhage was considerable, but the most of it was venous, and it was not very hard to stanch. The catheter was retained in its place by narrow strips of adhesive plaster wound spirally rounnd the penis, and attached to the catheter. The urine soon passed quite freely through the catheter.

The operation was a lengthy one, but was well borne, and the shock inconsiderable. The day after the operation the wound was examined, and the catheter was well surrounded with a provisional urethra, and but little of the urine passing through the wound. During the first two or three days the catheter has been out as many times, and re-introduced without much difficulty. Compresses have been kept on the sides of the wound in such a way as to keep the wound in juxtaposition at the bottom, from which it appears to be slowly healing up, but there is yet a considerable portion of the outer part of the wound yet ununited. The granlations are rather flabby and unhealthy, but stimulation by a solution of Nitrate of Silver, &c., has been applied with a hope of getting it to do better. It is now the 24th of June, and on the whole the case has done as well as could be expected. It is possible the wound might have been healed by the first intention, but it was purposely left open and kept so by introducing into it a wedge-shaped piece of sponge, partly for that purpose, and to prevent secondary hemorrhage, and is this did not occur, it appeared effectual for that purpose.

The suppuration in the urethra occurred during the second day, was moderately plentiful at first, but soon appeared to diminish.

It is now the 25th of May, 1860. The case has been well for several months, and the cure is complete. The man is attending to active business every day.

ARTICLE 4.

OPERATION FOR HERNIA.

BY F. B. HALLER, M. D., VANDALIA, ILL.

MESSRS. EDITORS: Having had an interesting case of hernia, to me, and thinking a brief account of it might interest you and the profession, I herewith send it to you to dispose of as you think best.

Was called, March 8th, 1860, twenty-five miles from our place, to see Daniel Boaz, aged 21, of a good constitution and temperate habits, who, the messenger said, had hernia that his attending physician could not reduce, and that he would have to be operated upon.

On my arrival I learned from the attending physician that he had diligently tried for two days to reduce the hernia by taxis, but with all his ingenuity had failed.

By this time four days had elapsed since it had become strangulated. Having obtained this history of the case, and diagnosed indirect inguinal hernia, I had him brought thoroughly under the aenesthetic influence of chloroform, when I made an effort by taxis to reduce, but finding it abortive, proceeded to cut down on the tumor, upon reaching the sack found it had become partially gangrenous, laying it open, discovered it was minus intestines it being merely a large portion of the omentum that had become strangulated, the part, at least one-half, that was gangrenous I cut off, dividing the stricture, put back all but a small portion that I retained in the wound, of the remainder. The wound was dressed in the usual manner. He bore the operation well. I left him six powders of calomel and opium, to be given at intervals of two or three hours, to be followed by oil. Since this he has been under the charge of his regular attending physician. He has recovered. The wound suppurated finely. I have written to his physician to send me a history of the case and its progress since the operation, and the treatment; but he has declined doing so, and I can only partly report. Suffice it to say say, he is one of that kind of practitioners who style themselves eclectics.

The points of interest in this case, to me, are, the length of time that had elapsed before operating, the violent taxis used, the amount of gangrened omentum cut off, and that he should recover.

ARTICLE 5.

GRADUAL DISLOCATION OF THE FEMUR FROM DISEASE.

Union Grove, April 23, 1860.

Prof. Brainard—Sir: As there is a case of some interest at present in the Racine County Poor House, I thought I would state the history and present appearance of the patient, and, if convenient, would like your opinion.

The subject is an African, about thirty years old, a strong, muscular man. He says that about fifteen years ago he was attacked with rheumatism in his left hip, which continued, with more or less severity, for three years, from which time till the present he has been unable to use his left limb, or to get about, except with a crutch.

Present appearance: General health good; the left limb much smaller than the other; length of limb the same, from foot to knee and from knee to head of femur, as the other; the head of the femur is removed from its socket, upwards and backwards, a trifle over three inches; the foot is drawn across the instep of the right foot, toes turning inwards; the knee of the left leg rests on the anterior of the right knee. There is no swelling of the hip, but some pain on moving it. By taking hold of the leg it can be moved in all directions, but not so readily backwards as in other directions. The above has been the condition of the leg for the last twelve years. He is not conscious of ever receiving any injury, or suffering from any disease except rheumatism.

He is anxious something should be done, if possible to relieve his present situation.

I state this case in hopes to obtain your opinion of it.

Yours, &c.,

H. D. ADAMS.

Remarks.—Spontaneous dislocation of the hip, or gradual dislocation, from disease, is an accident the occurrence of which has recently been called in question, particularly by Prof. Alden March, of Albany. The above seems to be a case of the kind. We have, in the cabinet of Rush Medical College, three specimens showing this species of accident, besides three more in which the nature of the accident is less certain, but they are, probably, cases of this kind.

We know of no treatment likely to be of service in relieving this deformity.

ARTICLE 6.

UTERINE TUMOR—DEATH—AUTOPSY.

BY R. F. ADAMS, M. D., AMBOY, ILL.

April 3, 1860.—Called to see Mrs. P., aged thirty-four years, who was, and had been for the last twelve hours previous, suffering under premonitory symptoms of labor, at her full period of utero-gestation. She informed me that she had a large tumor in her abdomen, occupying the whole of the right side. Parturient pains occurring quite often, I proposed an examination per vaginum, and also over the region of the abdomen, to ascertain the position of the tumor and the gravoid uteris, and the relation, as near as possible, of each to the other.

I found the tumor occupying a portion of the right iliac, the whole of the right lumbar, a portion of the umbilical, and a portion of the right hypochondriac region. The uterus

occupied its original position, seemingly, with the exception of being thrown somewhat to the left side. Through the parieties of the abdomen I followed the margin of the tumor, to its connection with the uterus. I endeavored to insinuate my fingers between the tumor and uterus by pressing upon the abdominal parieties, but I could scarcely feel the existence of a fissure between the two. In fact, from the most careful examinations I could make, it seemed to me that the tumor was continuous with the uterus, by a very broad and extensive connection with the fundus of that organ.

Some twelve hours having elapsed since my first examination per vaginum, in which I discovered the os tincæ beginning to dilate very slightly. Pains for the last two hours having increased in frequency and severity, I made another examination, and found the os uteri dilated some two inches in diameter, the membranes protruding, and labor progressing as in ordinary cases. I now sought for the presentation of the fœtus. I passed my fore-finger around the membranes and into the os uteri, where it met the left foot of the fœtus. Traversing still farther with my finger, I soon discovered the other foot, and after some two hours more, in which I watched the case with the most intense anxiety for the safety of both mother and child, I was enabled to traverse the anterior portion of the breech of the fœtus, its genital organs, with its knees coming down upon the arch of the pubes, and its feet presenting at the vulva. With the membranes yet entire, and the bag of waters quite protruding from the vulva, I ruptured them, and sought to return the feet and bring down the breech into the proper axis. Finding I could not do this, I brought down the feet, disengaged the knees from the arch of the pubes, and delivered my patient of a fine boy nearly in an asphyxiated condition; but by the most assiduous efforts, I succeeded in restoring it to active life. On the expulsion of the head, a free rush of blood followed for a moment. In some twenty minutes the placenta came down all right, and my patient was very easy and comfortable. My attention was now anxiously drawn to the uterus. I found the tumor occupying a new position, having dropped nearly into the

space just previously occupied by the uterus. I made search for the uterus below the tumor, as a distinct organ, but could only find it from the most careful manipulations I could make, continuous with the tumor, though contracted so firmly as to show that nature's work was so far completed favorably. The tumor now occupied the right iliac, the hypogastric, a portion of the left iliac, and lower half of the umbilical regions. Fearing too much pressure upon the uterus from the weight of the tumor, I applied a bandage over the abdomen in a manner to sustain a portion of its weight, gave my patient an anodyne, and left her in a very favorable condition. For two days she continued very comfortable and cheerful, and everything appeared to indicate a fortunate tendency. On the third day, however, my fears began to approach a dread reality that my patient must die. She began to complain of pains in the region of the left ovary, which soon spread over the hypogastric region, and to the right ovary. Every means in my power was put in force to arrest the progress of inflammatory action and restore her to a comfortable condition, but to no purpose. Death closed her sufferings on the morning of the sixth day after her confinement.

Autopsy twelve hours after Death.—The appearance of the abdominal parieties indicated a subject at full time of utero-gestation.

I commenced my first incision in the linea alba, at a point three inches above the umbilicus, and continued it down nearly to the symphysis pubis. I then made my second and last, from the umbilicus outward to the right side, which gave me a full view of the tumor and organs *in situ*. The tumor was now to be seen occupying the hypogastric, the lower two-thirds of the umbilical, and a good portion of the right iliac region. The small intestines and the ascending portion of the colon were pushed far to the left and upward from their natural position. On raising the tumor from its position, I found its growth continuous with the entire fundus of the uterus and the broad ligament and ovary of the right side. The parieties of the fundus of the uterus were very much increased in thickness, as also were the broad ligaments and

ovaries of both sides. All these organs were found in a sphacelated condition. In dissecting the tumor from the fundus of the uterus, the parieties of the latter were found to be in attachment with the former, a thickness of one and three-fourths inches from the margin of its cavity outward, anteriorly and posteriorly and laterally to the left side, and continuous to the right, embracing the broad ligament and ovary. On removing the tumor its weight was found to be ten and a half pounds. It was mostly of an organization resembling indurated liver, with portions somewhat softer, indicating a gelatinous or cheese-like substance. The blood-vessels of this morbid growth were enormous in size and immense in number, and all derived from the uterus.

It is proper to remark, in connection with this article, that the deceased had been apprised, for years, by the best medical authority in New England, that death would sooner or later supervene from this morbid growth. She had expressed to her relatives her desire, that when that time should come, an autopsy should be had, and the facts given to the medical profession for the benefit of humanity.

The tumor will be deposited in the museum of Rush Medical College, where all interested in pathological and surgical investigations can examine it.

ARTICLE 7.

1. CASE OF GUN-SHOT WOUND IN THE CHEST.—2. POISONING BY LAUDANUM.

BY A. GROESBECK, M. D., CHICAGO, ILL.

May 5.—Was called up at 12 o'clock at night, to see a man who had been shot with a pistol ball. Found a small round wound in the center of the sternum about midway of its length. There was very little hemorrhage externally, and no expectoration of blood or disposition to cough. The pulse small

and feeble and the extremities cold. On moving him, blood and air escaped from the wound. By auscultation the left lung was discovered to be wounded, and the bubbling of air in effused fluid was heard. I gave him opium and brandy freely, and at 4 A. M., a good reaction took place.

May 6.—Restless and complaining of pain in the chest. I continued the use of one-half gr. of morphia every three hours during the day.

May 7. Very comfortable; pulse 120, not very full; morphia given when required by pain. On percussion, left side very resonant, indicating effusion of air; bubbling sound in left side continues; respiration of right side natural.

May 8.—Patient free from pain; sleeps well; discontinue morphia.

May 9 and 10.—Condition the same except expectorating a few sputa containing blood, which ceased from that time, neither has there been any expectoration since, of any kind. Respiration in the right lung continued natural until the 13th, when the whole lung appeared to be solid. No respiration could be heard throughout the whole right side. This continued for several days, when respiration began to be heard at the top of the lung, and the dullness gradually to disappear, up to the present time, when there remains only a dullness in the lower part of the lung. The breathing in the left side is good throughout, except being somewhat puerile. The air and fluid appear to be absorbed, and the man is walking about the house. He sleeps well and has a good appetite, and has not had any bad symptom nor suffered any pain, except for four or five days after being shot.

Case 2.—May 22d, at 12 M., was called to see a young man nineteen years old, who had taken an ounce of laudanum, for the purpose of committing suicide. He had taken it at 11½ A. M. I found him in bed and asleep, but he was easily aroused. I had him taken up immediately, and after losing some time in persuading him to let me introduce the tube of my stomach pump, I pumped him out very thoroughly. But by this time an hour had elapsed since the taking of the

laudanum, and sufficient impression had been made on the nervous system to produce a perfect prostration of the vital powers. He sank into a profound coma, his pulse scarcely perceptible, skin cold, face turgid and livid, with, at times, hardly a sign of life. Under these circumstances I thought I would try Marshall Hall's method of keeping up respiration, hoping, if I could do it for sufficient time, the brain might recover from the poison of the opium. These appalling effects took place an hour after taking the laudanum, and I kept up the motion prescribed by Dr. Hall, until 6 P. M., without any apparent amendment, when suddenly at that time he threw up his arms, and raised up in bed, and of course recovered. He remained excessively drowsy for three hours after, but I kept him awake by walking and flagellation. The only remarkable feature in this case, is the apparent success following the treatment by Dr. Hall's method of respiration in a case seemingly hopeless.

TO THE MEDICAL PROFESSION OF ILLINOIS.

The Committee on Practical Medicine, appointed at the last sitting of the Illinois State Medical Society, would respectfully invite the co-operation of its members, and the profession of the the State in general, in furnishing material for their report, hoping each one will feel himself individually called upon to forward to the Chairman of this Committee, such observations, of a practical nature, pertaining to disease, of either epidemic, sporadic, or other nature, upon which he may feel inclined to treat. We ask of each to give his own views, in his own way, upon whatever subject would legitimately take a place in this report, and that the same may be submitted to us at as early a day as the 1st of February, 1861.

S. T. TROWBRIDGE, Chairman.

Decatur, Ill.

Editorial.

BOOK AND PAMPHLET NOTICES.

THE DISEASES OF THE EAR: THEIR NATURE, DIAGNOSIS, AND TREATMENT. BY JOSEPH TOYNBEE, F. R. S., Fellow of the Royal College of Surgeons of England; Aural Surgeon to St. Mary's Hospital; Aural Surgeon to the Asylum for Idiots; Consulting Aural Surgeon to the Asylum for the Deaf and Dumb, etc.; London. Philadelphia: Blanchard & Lea. From S. C. Griggs & Co., 39 and 41 Lake street, Chicago.

The literature of aural surgery is less extensive than that of almost any other branch of medical science. Comparatively few eminent men in our profession have devoted their best energies to the investigations of the diseases of the ear and their therapeutics; consequently few satisfactory and reliable works have ever been written on these subjects, and of these few, with one or two exceptions, those of recent date, alone, are of especial value. It must be admitted that these last are, in many respects, imperfect, and that any valuable addition to their number should be favorably received by the profession.

The work of Mr. Toynbee is undoubtedly, upon the whole, the most valuable production of the kind in any language. The author has long been known by his numerous monographs upon subjects connected with diseases of the ear, and is now regarded as the highest authority on most points in his department of science. Probably no one in England, or on the continent of Europe, has accomplished so much in the pathological anatomy of the ear, as Mr. Toynbee. Mr. Wilde, of Dublin, so well known as the author of one of our latest and best works on Diseases of the Ear, says of him, that "his labors and investigations have effected more for aural pathology than those of all his predecessors, either in Eng-

land or on the continent. Accustomed to habits of minute dissection, patient research, and careful observation, he has accumulated a mass of facts upon the morbid anatomy of the organs of hearing, that must lay the foundation for a more rational mode of treating the diseases of those parts, than has hitherto been resorted to." It is to be hoped "he will long continue to prosecute, with the same avidity, the same honesty of purpose, and an equal amount of critical acumen, his valuable researches."

After twenty years of patient labor, devoted to careful study, to an extensive hospital and private practice, and to the minute dissection of *two thousand* ears, he has produced a work which cannot fail to add to his reputation and extend the knowledge of diseases of the ear in the profession.

The first chapter is devoted principally to a consideration of the "Mode of Investigating the Diseases of the Ear," and the "Method of Dissecting the Ear."

The second chapter contains observations upon the anatomy, uses, and diseases, of the external ear, (auricle,) and although not without interest is perhaps of less practical importance than other portions of the work.

The six following chapters are devoted to the anatomy, pathology, and treatment of diseases of the external meatus. Inasmuch as these affections are quite common, and often lead to unfortunate consequences, their diagnosis and treatment should be carefully studied by every physician. Yet too many of our profession betray great ignorance, or, rather, carelessness, in their management of such diseases. Instances are not unfrequent where physicians have treated diseases of the external meatus without even an examination. We have known several cases, where, without an examination of the ear, attempts have been made, by blistering and leeching, to relieve pain and deafness caused by the presence of impacted cerumen. Everything of this kind is wrong, and is certain to bring discredit, not only upon the surgeon individually, but upon the profession at large. It as an excellent rule, applicable in all cases of aural as well as of general

practice, never to treat a patient without a thorough examination of the organ affected.

Facility in conducting an accurate examination of the ear, and in recognizing its abnormal conditions, is only acquired by long-continued practice. It is of the utmost importance to have a clear idea of the normal appearance of the external meatus, and to be able to distinguish individual peculiarities, *resembling* the effects of disease, from abnormal conditions. This can only be accomplished by the careful inspection of the ears of a large number of healthy individuals.

A good view of the lining membrane of the external meatus, and of the membrana tympani, can often be obtained by simply pulling the upper portion of the auricle upwards and backwards, and allowing the rays of the sun to fall directly into the ear. Usually, however, the assistance of the speculum is required. The instrument adopted by Mr. Toynbee is a modification of the ordinary conical tube introduced by Gruber and Wilde. The portion which enters the meatus is of the same circumference throughout, but oval, like a flattened cylinder, corresponding to the oval shape of the outer meatus. "In order to hold the speculum more firmly, it is desirable that the expanded portion should be somewhat flattened; and this flattening should be at right angles with that of the small extremity."

The "forceps speculum" is much less convenient than the instrument just described, especially in cases of operation, and is now little used. When we consider the structure of the osseous portion of the meatus, it will be at once apparent that nothing can be accomplished by attempting to dilate it, by means of the "valvular speculum."

The practitioner will find great convenience, when the sun is not in a favorable position for an examination in having a mirror so adjusted outside his office window as to reflect the sun's rays horizontally into the ear of a patient, sitting in any part of the room. Although the direct rays of the sun are always preferable, it is sometimes necessary, when the sun is obscured, to employ artificial light. A good view of the cavity of the external meatus can be obtained by throwing

the light of a good lamp or gas burner through the speculum into the ear by means of a concave reflector, having a small opening in the center, through which the surgeon can look. Specula with magnifying lenses are sometimes employed with advantage.

It should be remembered, in every case where there is a discharge from the meatus, that the ear should be gently syringed, and carefully dried by means of a small tuft of cotton, before a satisfactory examination can be made. With these precautions the surgeon can detect the presence of any disease peculiar to the meatus.

In treating of the diseases of the external meatus, the author furnishes the student with important practical information on the following subjects; foreign bodies and accumulations of cerumen in the meatus and their removal; acute and chronic inflammation with or without discharge and caries of bone; polypi; osseous and molluscous tumors.

The subject of the next three chapters is the Membrana tympani—its structure and functions; the inflammations of its layers; perforation from ulceration and injury; and the use of artificial membrana tympani.

A tabular view is given of the abnormal condition of the membrane in dissections of 1013 diseased ears. The membrana tympani is an important portion of the organ. Its diseases, analogous, in many respects, to those of the cornea, are somewhat grave as regards the sense of hearing. Extensive perforation is almost uniformly attended, to a greater or less extent, with obstinate discharge and difficulty of hearing. These affections, therefore, are of great importance, and should receive the careful attention of all who attempt to treat them.

A single chapter—one, however, of great interest—is devoted to the physiology and pathology of the eustachian tube. In examining the ear with reference to the diseases of this canal, several facts should be born in mind; that the faucial extremity of the tube is closed except during the act of deglutition; that deglution opens this orifice by the contraction of the tensor and levator muscles of the palate, which take their origin from the soft tissues around it; that either

deglutition or a forced expiration with the mouth and nostrils closed, sends a small quantity of air through the tube into the cavity of the tympanum, producing a slight projection of the membrane tympani outward; this is normally attended by a faint crackling sound, which can be distinctly heard by the surgeon, by placing in his ear one end of a flexible tube, (otoscope,) the other end being inserted in the ear of the patient.

The author describes, with great clearness, the symptoms and appearances by which we may be able, in many instances, to decide whether obstructions of the tube exist at its faucial or at its tympanic extremity. With a careful examination of these symptoms and appearances, he is disposed to consider the *Eustachian catheter as entirely useless* in diagnosis, but sometimes advantageous in treatment.

It appears in a table found in this chapter, that in 1523 dissections, only 29 cases were found with diseased condition of the tube.

"The cavity of the Tympanum" is the subject of the next two chapters, which are also sub-divided into sections, upon: The Anatomy and Pathology of the parts within the Cavity; Diseases of its mucous membranes, with or without ulceration and affections of the Portio Dura Nerve, bone and brain; Anchylosis of the ossicles; Formation of membranous bands of adhesion. To illustrate the history of these various forms of disease and their treatment, several interesting cases are reported, which are followed by a discription of numerous experiments showing the physiological action of the ossicles in conveying sonorous undulations to the auditory nerve. A remarkable and valuable table is also given, exhibiting the pathological changes, which were found in 1015 dissections of this portion of the ear; among which are 151 cases with abnormal products in the cavity; 365 with morbid affections of the mucous membrane; 202 with false membranous bands uniting different portions of the Tympanum; 30 with abnormal condition of the malleus, 189 of the stapes and 31 of the incus. Accurate diagnosis of these affections during life, as also their successful treatment, must of course very often be

found impossible. And yet the author shows that in some of these diseases, however obscure they may at first appear, the experienced surgeon may learn enough from the symptoms and history of the case to form a correct diagnosis.

A single chapter is devoted to the diseases of the Mastoid cells. It contains much valuable knowledge regarding these diseases, particularly those of an inflammatory nature, which are liable to terminate in ulceration of the mucous membrane, necrosis of the bone and affections of the coverings and substance of the brain. The author expresses his opinion regarding discharges from the ear in reference to life insurance. He says: "No doubt a discharge from the ear should always be regarded with suspicion; an opinion which is borne out by an inspection of the following table (which is given) showing the relation between the duration of the discharge and the acute symptoms," which very often terminate fatally. We would call especial attention to the importance of healing diseases with discharges from the ear as speedily as possible. This is contrary to the popular idea and to the opinion of too many physicians and surgeons. Careful study of the works of Mr. Toynbee and Mr. Wilde will convince any one that a continuation of the discharge is sometimes not without danger to life. "*So long as otorrhœa is present, we can never tell how, when or where it will end, or what it may lead to.*" It is certainly loathsome to the patient and his friends and destructive to the sense of hearing.

The 15th and 16th chapters are devoted to "The Diseases of the Nervous Apparatus" and to "Nervous Deafness." The chapters are filled almost entirely with the history of cases, although in the majority of instances, diseases of this kind, like amaurosis is not benefited by treatment, yet great care should always be exercised in the examination of a patient, since nervous deafness is not unfrequently produced by indigestion, mental and physical fatigue and excitement and by dibility, fever and hemorrhage. Suitable treatment adapted to these several conditions of the system will semetimes relieve the local disarrangement of the auditory nerve.

The remaining chapters on "Malignant Diseases of the

Ear," "The Deaf and Dumb" and "Ear Trumpets and their uses," are interesting and worthy of a careful perusal. An appendix is added containing a "list of published papers on the structure, functions and diseases of the Ear," with references to the journals in which they can be found.

Mr. Toynbee's work as we have already said is undoubtedly the most reliable guide for the study of the disease of the ear in any language, and should be in the library of every physician.

"The volume will be found thoroughly illustrated with a large number of original wood engravings, elucidating the pathology of the organs of hearing, instruments, operations, &c., and in every respect, will be one of the handsomest specimens of mechanical execution issued from the American press."

We must say, however, that some of the engravings are very imperfect and almost entirely fail to assist the reader in forming an adequate idea of the specimen illustrated. Any one who has studied the works of Dalrymple, Jaeger and Sichel on Diseases of the Eye, and examined the numerous anatomical and pathological plates, so remarkable for beauty of drawing and delicacy of coloring, cannot but regret that Mr. Toynbee had not endeavored to furnish colored illustrations of a high artistic character, exhibiting the appearance of every part of the ear in health and disease. They would have been an invaluable addition to his work. E. L. H.

☞ We have received the following announcement of the advent of a new medical book:

THE MEDICAL USES OF ELECTRICITY IN THE TREATMENT OF NERVOUS AFFECTIONS.—A new and important medical work, issued by Messrs. Ticknor & Fields. It is a thoroughly systematic work, of over 700 pages, and finely illustrated with over 100 cuts, showing not only the best methods for the therapeutical employment of electricity in the various nervous diseases, but also showing the anatomy of the parts, (nerve-trunks and muscular fibres,) liable to be involved; moreover

presenting a concise view and means of diagnosis of the great variety of nervous affections met with in every-day practice. This work is from the pen of Alfred C. Garratt, M. D., of Boston, who, of late years, has made this difficult department of medicine his speciality. It is addressed to medical students, and is dedicated to Dr. John Homans, President of the Massachusetts Medical Society.

PERCY ON REDUCTION OF DISLOCATION OF THE HIP BY MANIPULATION.

Prof. Hamilton, in his recent work on fractures cites a number of authorities going to prove the use of this method of treating dislocation of the hip, at various periods, and in different countries. He seems to have overlooked so high an authority as Baron Percy, who, about the year 1793, (year 3d of the French Republic,) in reply to what were called "*Questions Epuratoirs*," purifying questions, proposed by the "*Commission de Sante*," to all the army and hospital surgeons, to test their capacity and qualifications for the situations which they they occupied respectively. Percy, was, at the time, surgeon-in-chief of the army of the Moselle, but was obliged, like the rest, to bow to the dreaded power of the Convention. The *Responses du Citoyen Percy* are found in the appendix to his work, entitled, *Pyrotechnie Chirurgical Practique*, or the art of applying fire in surgery.

"The reign of lacqs, blocks, and machines, is past, for good surgery. These violent means restrain the action of the muscles too much; prevent them from relaxing at the proper time, when it is only necessary to direct the bone towards its cavity; lay out upon them unequal forces; expose them as well as well as the ligament to fatal tearing. They take away from the operator the power of giving to the forces that extensive change of direction which the particular position of the luxated bone may require," etc., p. 19.

"The practice of the ancients was rarely sufficient to reduce

luxations of the thigh. The extensions, which were excessive, might well draw the head of the femur near it cavity but this is not enough." "It is impossible to replace it if the thigh is not free from all restraint. Thus the operators who lengthen the member with cords, pullies, etc., must often fail." p. 22.

"It is certain, at the present day, that but very little force is reqnired to reduce a dislocation of the hip and that in no case ought lacqs and machines to be resorted to. The method of proceeding is as follows: The patient being laid upon the back, carry the dislocated member inward and place it beside the sound one. An aid supports the knee which in this luxation is always flexed, and extends it, which puts the muscles in a state of parallelism calculated to produce a full extension of all and thus prevent resistance. The operator then seizes the foot with the two hands placed one above and the other below, without raising it; he draws it toward him in a direct line, gently at first so as to make the muscles yield more easily, afterward more strongly so as to bring the head of the bone opposite its natural place; he then gives it some lateral movements which complete the reduction. p. 22.

THE AMERICAN MEDICAL ASSOCIATION.

The Thirteenth Annual Convocation of this body took place on the 5th of June, at New Haven, Connecticut. The well-known attractions of the beautiful City of Elms drew together a large number of the members of the profession. The citizens of New Haven entertained their guests in a most genial and hospitable manner, and made it an occasion long to be remembered with pleasure by all who participated in its enjoyments.

The great majority of the delegates were from New England and New York, the Southern and Northwestern States being but lightly represented.

Dr. Eli Ives, of New Haven, was elected President for the

ensuing year; a compliment both to himself and to the city of his residence, eminently merited.

The Vice Presidents are Drs. Wilson Jewell, of Pa.; A. B. Palmer, of Mich.; Joseph P. Logan, of Georgia; John B. McDowell, of Mo.

Treasurer—Dr. Casper Wistar, of Pa.

Secretaries—Drs. S. G. Hubbard, of Ct.; H. A. Johnson, of Ill.

Committee of Arrangements—Drs. N. S. Davis, J. W. Freer, De Laskie Miller, E. Andrews, H. W. Jones, Thomas Bevan, and J. W. Bloodgood, all of Chicago.

On Prize Essays—Drs. Daniel Brainard, Ill.; M. L. Seaton, Mo.; D. S. McGugin, Iowa; John Evans. Ill.; A. G. McArthur, Ill.

On Publication—Drs. F. G. Smith, Pa.; S. G. Hubbard, Ct.; E. D. Hartshorn, Pa.; Caspar Wistar, Pa.; R. J. Breckenridge, Ky.; H. F. Asken, Del.

The Association adjourned to meet in Chicago on the first Tuesday in June, 1861.

The Convention of Medical Teachers met the day before the Association, in accordance with their adjournment at Louisville, Ky. The representation of Medical Schools was not very general, and they did not recommend changes of any importance in the plan of medical instruction heretofore followed.

☞ In the April number of the *Journal*, we published, as original, an article under the caption of "Physiological Incest," which appeared also the same month as an original communication to the *Louisville Monthly Medical News*, and in the May number of the *Charleston Medical Journal and Review*. We knew nothing, at the time, of the author of the article, and the sole merit of the paper—its brevity—coupled with a degree of inadvertancy on our part, gave it a place in the pages of the *Journal*. The simultaneous furnishing of

the same article to different medical publications, is not recognized as honorable by any journalists, and can only be looked upon as a disreputable expedient to bring the author's name before the public; and consequently we were prepared and gratified to learn that the writer was not a recognized member of the medical profession being only one of the legion of pretenders that hover about it, as the mercenary camp followers do about an army, for purposes of plunder. We do not feel ourselves in any way censurable for the occurrence, yet we deem this explanation proper to be made.

OBITUARY.

Died, at Louisville, Ky., June 6, Mr. ORANGE SAYLOR, of Rheumatic Carditis.

Mr. Saylor was a student of medicine, and attended the last session of Rush Medical College. He had been for many years a sufferer from rheumatism, which resulted in hypertrophy of the heart. Last winter, while engaged as prosector to the Professor of Anatomy, he was severely attacked with his old disease, disabling him entirely from his duties. He had several renewals of the attack through the spring, and had started south in hopes a milder climate might relax the grasp of the fell torturer. He reached Memphis, where he found himself so severely affected he could go no farther, started to return, got as far as Louisville, where he breathed his last.

It will be with many and sincere regrets that this notice will be read by his classmates and friends. He was a young man of quick perception, great energy and industry, and by his generous frankness and manly bearing endeared himself to both teacher and student.

He was most enthusiastically attached to his adopted profession, and we feel that his progress last winter gave earnest of a pre-eminent professional career.

☞ That excellent publication, the *New York Journal of Medicine*, after having existed for seventeen years without change, has finally submitted to the law of mutation incident to all earthly things; and henceforth will be issued weekly, under the name of the *American Medical Times*. Each number will consist of 24 quarto pages, double columns, filled with such general and scientific matter as may be of interest to the profession.

ITEMS.

According to the census of 1859, there were 2,072 physicians in the State of Virginia.

The Legislature of Alabama have made an appropriation of Fifty Thousand Dollars to the Mobile Medical College.

Dr. Brown-Sequard is to deliver a course of lectures on paralysis and epilepsy, at the National Hospital for Epileptics, in London.

Walter V. Wheaton, the Senior Surgeon of the U. S. Army, recently died in Philadelphia, aged 73. He was appointed Hospital Surgeon 1813.

The National Convention for Revising the Pharmacopœia of the United States, held its fifth decennial meeting in the city of Washington, on the 2d of May, 1860.

The Professional friends of Dr. Geo. B. Wood, gave him a complimentary dinner at the Academy of Music on the 16th of May. Dr. W. designs soon to go abroad, to remain for some time.

The Chair of Theory and Practice of Medicine, in the the University of Pennsylvania, made vacant by the resignation of Prof. Geo. B. Wood, has been filled by the election of Dr. William Pepper.

Some Southern periodicals claim that the tea plant flourishes well, in the climate of Louisiana, enduring equally well the hotest days of summer and the frosts of autumn.

The Legislature of Massachusetts has been convened to take such action as is thought most effectual to prevent the extension of the disease among cattle that is prevailing in that State. The opinion seems to be held, that the malady spreads only by contagion.

Miscellaneous.

MANIA A POTU.

BY WARREN STONE, M. D., PROFESSOR OF SURGERY IN THE UNIVERSITY OF LOUISIANA.

This term is often applied to all the forms of delirium that are caused by the excessive use of stimulants, but it more properly belongs to the acute form, where the violence of the delirium, or mania, is mainly due to alcoholic blood-poison. The term delirium tremens is more appropriate to the more chronic form, where the delirium and tremor are due to the sudden privation of a long-accustomed stimulant. It is the former that I think is generally improperly treated, and is so often the cause of sudden and premature death. Brain fever and apoplexy are terms often kindly substituted, as being more respectable; but names do not alter facts. Mania a potu usually occurs with the robust who habitually use alcoholic stimulants, but not to any great excess, except upon occasions, and when they are carried to a certain extent, a necessity for their continuance is created, and their excessive use cannot, or will not, be resisted until the stomach gives way and finally rejects them. During this process the mucous membrane becomes engorged, the digestion, and finally the

appetite, entirely fail, and the patient is sustained for some days after by stimulants alone, until furious delirium sets in.

This madness is not due to the stoppage of an accustomed stimulant, for it often sets in while the subject is in the full use of it, but it is plainly due to alcoholic poison and the absence of proper nutritive matter in the blood. I think I may add another cause, which has often something to do in causing the delirium, and certainly much to do in causing death, under some modes of treatment, and that is suppressed excretions. So long as the stomach is intact, and the appetite and digestion are good, an immense quantity of stimulant may be disposed of without serious immediate consequences; but when the organs finally, from constant excitation, become engorged, nutrition ceases, and the alcohol is retained more in the blood, instead of being carried off by excretions, and a wild delirium soon follows.

It is plain, under these circumstances, that the indications are to establish the excretions, disgorge the system of the alcoholic poison, and to introduce proper nutriment. The first two are accomplished by one and the same means. The stomach is generally irritable; at least there is frequent vomiting; but it is owing to the accumulation in the stomach of morbid secretion, rather than from inflammation or even irritation; for calomel in small doses, frequently repeated, arrests it with great certainty. If the subject is governable, and will take medicine willingly, calomel should be given in two or three grain doses every hour, or oftener, if the case is urgent, until fifteen or twenty grains are given; but if medicine has to be given by force, it is best to give a full dose at once; and this is the better, for in the worst cases the stomach is often not nauseated, and the sedative effect of a large dose of calomel calms the nervous excitement, and at the same time produces the appropriate effect upon the excretory organs and mucous coat of the stomach and bowels. It requires some hours for this effect to be produced, and it is improper to give anything to promote its action upon the bowels under ten or twelve hours, and I think even a longer time would be better, if the case is not urgent. Small and frequently repeated doses of saline medicine are the best after the calomel (sulphate of magnesia is best), which promotes the excretions, disgorges the stomach and bowels, and clears the system of its alcoholic poison, to its great relief. An active cathartic may afford some relief, but the system is not so well disgorged by it; more or less serum from the blood is carried off, causing weakness; while, in the other process, by giving time for the

action of the calomel, and then promoting it by gentle but continued means, the organs exercise a selection in excreting, and thereby a large amount of effete matter is discharged, and the patient feels the stronger for it, being freed from an incubus that was weighing it down, and producing apparent exhaustion. After this process we should lose no time in introducing nutriment, and for this purpose milk is almost universally applicable; and as the mucous membrane of the stomach seems to be denuded of its epithelium, the addition of lime-water renders it particularly grateful and soothing. Patients in this condition generally loathe animal substances, but milk is almost always grateful to the taste, and is particularly appropriate, for it furnishes the most innocent solid for the bowels, that have been long deprived of their wholesome stimulus. If that a patient could not take milk, well-boiled corn-meal gruel is the next best diet, most likely to be relished; and for something more substantial, strong, well-seasoned broth, frozen, will be the most likely to agree.

In all acute cases, alcoholic stimulants should be withheld, for they act like a poison, and will often bring back the delirium. Should stimulants be thought necessary, (and it is not often really necessary,) the carbonate of ammonia, or the aromatic spirits of ammonia, are preferable; or it may be proper, in some cases, to allow malt liquor. Opium, in all forms, should be prohibited, until the system is relieved thoroughly of its alcohol, and even then I find that it can generally be omitted; and when it can be the patient recovers sooner and better. The patient is not expected to sleep well, but if the blood is renewed by its appropriate nutriment, natural sleep will soon follow.

Occasionally, when, previous to the debauch which immediately caused the mania, a free use of stimulants had been indulged in for some time, we have an exalted state of the nervous system, attended with hallucinations and sleeplessness, which require special attention. Potent stimulants operate badly, and opium alone does not operate well, though in large doses sleep may be forced, though not without some risk, in some cases, to the brain; but equal parts of morphia and tart. antimony, given in small and repeated doses, will soon calm the nervous system and induce sleep, without injury either to the brain or stomach. There is nothing that cools off the heated imagination in these cases like nauseating doses of tart. antimony, and opium in some form may be added, if it is thought necessary. The too general opinion that sleep is the all-important thing in this disease, has led to fatal errors in

treatment. Opium, given freely, as it often and very generally is, while the blood is charged with alcohol, produces an unfavorable effect upon the nervous system, and tends to check the excretions, which are already diminished, and the patient, without being narcotised, often goes into a stupid state resembling the effects of uremic poison; and if about one-half (about the usual proportion), by the vigor of their constitutions, weather it in spite of all poisons imposed upon them, they recover slowly, and their organs are left in a bad condition.

I have no record of cases, but within the last ten years a large number have been treated at my Infirmary, by the different house surgeons, under my general directions, and I do not recollect of a single death, unless there was some grave complication more important. In delirium tremens, where it may be proper to keep up the accustomed stimulant to a certain extent, it is generally necessary to attend to the nourishment; for it will be found that the nutritive process is defective and the stimulant will afford but temporary relief, unless this function is restored; or, if it is persisted in without, it will produce the more acute form of mania.

With this view, calomel and other medicine proper to disgorge the stomach and digestive organs, may be proper, and special attention to diet. As in the different forms of other diseases, these two approximate each other in character, and require, in treatment, corresponding modifications. In my early experience in the Charity Hospital, I adopted the opium treatment, and it was not by a sudden change to the opposite extreme, that I arrived at my present mode of treatment, but by degrees, as the true nature of the disease became apparent, and the frequent ill-effects of opium warned me of my error.

In the effect of calomel and salines in this disease, in disgorging the abdominal viscera, and particularly in relieving the stomach, when subject to morbid secretions; and in the effect of tart. antimony and morphia, in subduing morbid sensibility of the nervous system, we discover a therapeutic law that may be usefully applied to other diseases. In engorgements and effusions resulting from obstructed circulation, particularly from the heart, this method is admirably adapted. From the venous engorgement, the functions of digestion and assimilation are almost suspended, the blood becomes impoverished, the skin becomes of a bronze color, and palpitation and other nervous symptoms result in a great measure from it. The dropsical effusion in these cases is generally looked upon as the chief feature of the disease, or

consequence of the heart disease, and active hydragogues and diuretics are usually resorted to, when, in reality, if we disgorge the organs and establish nutrition, the watery effusion will disappear without trouble. In some cases it takes a large amount of calomel to produce the effect, but it is sure, if persisted in. When I say a large amount, I mean fifty or sixty grains, in small doses, such as will not derange the stomach. When the effect has once been produced, it can easily be kept up, and at the same time the stomach be left free to take the much-needed nutriment. The calomel may be given at night, and early in the morning the appropriate saline or hydragogue, and in two or three hours after the patient will digest better than before, by reason of the improved circulation of the digestive organs. In this way the disgorging process can be kept up, and at the same time the impoverished blood renewed.

In many painful nervous affections, the antimony and morphia are very appropriate, and afford the desired relief with much less injury to the system than by opium or any anodyne alone. In nervous or spasmodic colic, where the patient often suffers excrutiating pain, this combination, if given early, before organic changes take place, not only gives ease very promptly, but relaxes the organs and prepares them for the action of purgatives, if they should be thought necessary. I have given the antimony, combined with Battley's sedative, in low typhoid or nervous fever, when attended with occasional violent neuralgic pains in the head or elsewhere, with the happiest effect, when the sedative, taken alone in a sufficient dose to relieve the pain, produced bad effects. In exalted states of the nervous system and nervous delirium generally, when interference is thought necessary, it is highly useful.—*N. O. Med and Surg. Jour.*

HYPOPHOSPHITES OF SODA AND OF LIME IN THE TREATMENT OF PHTHISIS.

BY RICHARD QUAIN, M. D.

The treatment of phthisis by the hypophosphites of soda and of lime, was brought into notice by Dr. J. Francis Churchill, of Paris, in a communication read before the French Academy of Medicine, in July, 1857. I was at that

time induced, by the representations made as to the value of these agents, to administer them to some of the cases under my care, in the Hospital for Consumption, at Brompton; but as the results were not encouraging, and as the drugs were then obtainable in limited quantities, I did not continue the experiments. One of my colleagues, Dr. Cotton, about the same time, or soon after, made some observations on the subject, and and published the results, which were unsatisfactory.

Dr. Churchill subsequently brought his memoir, with additions, before the profession. A perusal of this treatise,* and inquiries addressed to me from time to time by professional friends, as to my opinion of the value of the hypophosphites in the treatment of phthisis, have led me to re-examine fully into their asserted efficacy, and in this communication I propose to give, briefly the results of the inquiry.

It will, perhaps, be fair to say, in the first instance, that Dr. Churchill states that he was led to adopt the use of the hypophosphites in consequence of his belief that the tuberculous diathesis depended on some disturbance in the process of sanguification; that this disturbance, which affected the inorganic and not the organic elements, was due to a deficiency and not to an excess of some one or other of these elements. He argued with himself, that it could not be the sulphur, the iron, the chlorides, or the alkalies, for these substances were daily used as remedies, without any real effect on the disease. Eliminating, then, the elements first-named, he concluded that the failure was in phosphorus, as a constituent of the body.

It should here be noticed that these propositions of the author can only be regarded as theortical speculations, inasmuch as they are unsupported by either chemical or physiological observations.

By a similar course of reasoning, but one more in accordance with physiological facts, Dr. Churchill arrived at the conclusion, that phosphorus, the missing element, could be best supplied by the administration of this body in its lowest state of oxidation, as it was thereby given in a form more capable of assimilation. With that view, he adminstered the hypophosphites of soda and of lime, which he declared to be prophylactic, and to be curative in every stage of the disease. He says: "I *know* that they will prove, not only as sure a remedy in consumption as quinine is in an intermittent

* De la Cause Immediate et du Traitement Specifique de la Phthisie Pulmonaire. Par J. F. Churchill, D. M. P. Paris: Masson.

fever, but also as effectual a preservative as vaccination in small-pox."

Encouraged by statements like this, and by a lengthened catalogue of the phenomena of improved health which it was said resulted from the use of these remedies in Dr. Churchill's hands, I determined on giving them a fair trial in a certain number of cases. They were therefore administered in twenty-two cases, taken without selection from among the ordinary in-patients of the Brompton Hospital. Of this number (twenty-two) twelve were males and ten were females.

The Stage of the Disease.—Two cases were in the first, ten in the second, and ten in the third stage of phthisis.

The Dose of the Remedy.—Dr. Churchill recommends ten to thirty grains as the dose, of either the hypophosphite of soda or of lime, daily, in any simple fluid. The dose to be increased, until the general symptoms disappear. In some cases he prefers the one salt to the other. For example, he thinks that the salt of lime checks the expectoration, and increases the cough; whilst the salt of soda is less energetic in its action. I met with nothing confirmatory of this impression. The dose given to the patients at Brompton was, in the first instance, ten grains, three times a day, except in the case of a child, when only five were given. The disease progressing, or being stationary, or the effects of the remedy being *nil*, the dose was gradually increased. Thus, in four cases, it was increased to a drachm three times a day; in ten cases, the dose reached two scruples or more; in eight the dose remained under half a drachm. It will thus be seen that the remedy was given freely. In no case, let me add, was there any appearance of the troublesome symptoms indicated by Dr. Churchill as following large doses.

The Duration of the Treatment.—One case was under treatment for six months, one for four months, six for three months, nine for two months, five for one month. During this lengthened course of treatment, I looked anxiously, but in vain, for those marked physiological effects described by Dr. Churchill. There were no evidences of the "improved powers of innervation;" "the hair and nails did not grow more rapidly; there was no "appearance of plethora or of fulness;" the patients did not describe "an unaccustomed sensation of feeling better and stronger after a few doses of the remedy." Nay, I would say that there was nothing more felt by the patient nor noticeable by the physician than if so many grains of carbonate of soda or prepared chalk had been taken.

The Results.—To return, then, to the more immediate object for which these agents were administered, viz: to ascertain their value in the cure of consumption; I have to state, that of the twenty-two cases, six were more or less improved while under treatment. Of these six, three were improved in but a slight degree, and only for a short time; in three the improvement was marked, but in one only of the latter has the improvement been permanent; of the two other cases, one continued using the hypophosphates for three months after leaving the hospital, during which time she grew gradually weaker, and finally died; the other, a man, after leaving the hospital, continued the treatment for some time, but gradually grew worse, and is now dying. All the other sixteen cases steadily lost ground whilst using the hypophosphites in the hospital. Happily in six of these cases, the treatment by hypophosphite was suspended, and the usual treatment by cod-liver oil, tonics, &c., being substituted, a decided improvement in each was the result.

Conclusions.—Reviewing the cases of which the preceding may be said to be types, we see that of twenty-two individuals laboring under phthisis, submitted to the hypophosphite treatment, sixteen derived no benefit whatever; in three the benefit was so slight and temporary as scarcely to deserve notice; in two the improvement, though marked, was temporary; and in one case the result has been satisfactory and permanent. Small as the therapeutical powers of the hypophosphites are shown to be by these facts, are we justified in assigning to them even thus much? I think not. For we cannot forget that our cases are hospital cases; that, oppressed by sickness, care, and anxiety, they come from close, unhealthy localities; that they were, more or less, destitute of good food and good air. When they enter the hospital they begin to feel the influence of hope; they live in warm, airy, and well-ventilated wards, find agreeable occupations, and have plenty of good food. Under such circumstances, the patients frequently improve in health, without the application of any medicinal agents. It would therefore be as fair to attribute the slight or temporary improvement which took place in some of these cases to hygienic as to therapeutical agencies. Nay, further; this opinion is confirmed by the fact that two of the three cases which did best in the hospital ceased to do well when they left it.

Desirous of otherwise testing the value of these substances, I thought it would be well to compare the results of my ordinary hospital practice with that of the hypophosphite treatment.

With this view, I requested my friend and late clinical assistant, Dr. Hill, (to whom I am indebted for much assistance in this inquiry, and for the notes of the preceding cases), to make abstracts of any 22 sucessive cases in the hospital books. He did so, and having ascertained the results of the treatment in these cases, I find that he has given me notes of 11 males and 11 females, of whom 3 were in the first stages of the disease, 5 were in the second, and 14 in the third. It will be remembered that 12 were in the first and second stage, and 10 in the third. Thus in the former cases, the advantage was in favor of the hypophosphite cases, so far as the stages of the disease were concerned; nevertheless we find that of the cases submitted to other treatment, 16 were more or less materially or permanently benefited, whilst in 6 only did the disease progress unfavorably. Exactly the converse was the case when the hypophosphites were given. Thus there were 16 of 22 cases unrelieved. This comparative evidence is further strengthened by bearing in mind that 6 of the cases in the former series, which were unrelieved by hypophosphite treatment, did well subsequently under other treatment.

A review of the preceding facts has led me to form a most unfavorable opinion of the value of hypophosphites in the treatment of phthisis. I believe them to be comparatively, if not absolutely useless. I have been induced to take some little pains in investigating the subject, because of the unhesitating confidence with which their value is asserted and their use recommended in certain quarters, and I have also seen in the cases of some patients who have visited Paris how much time has been thrown away by substituting the use of these salts for remedies of undoubted efficacy in controlling the progress of phthisis.—*London Lancet.*

From the Transactions of the Harveian Society.

MR. WEEDEN COOKE, ON THE TREATMENT OF GONORRHŒA AND GLEET WITHOUT COPAIBA.

After referring to Sir Astley Cooper's method of treating gonorrhœa, the author stated his belief that he was only giving utterance to a largely-acknowledged experience when he ventured to affirm that copaiba, in the treatment of gonorrhœa was not only unnecessary, but that it was, in a great many instances, injurious, and that in all it was offensive to the last

degree. During the last fifteen years, at least 6000 cases of gonorrhœa had come under the author's care at the Royal Free Hospital, and he had availed himself of these large opportunities to test all the methods of treatment which had been suggested, in order to arrive at the safest, quickest, most efficacious, and least disagreeable mode of curing the disease. As introductory to the subject of treatment, Mr. Cooke discussed the subject of the cause of chordee, the reason for the scalding of the urine, the distinction between the true and spurious gonorrhœa, and the time when infection may or may not be apprehended. The conclusions he arrived at were—

1st. That chordee, in ninety-nine cases out of a hundred, was due to spasm, and not to effusion of lymph; and that cubebs, acting as an antispasmodic formed the most efficacious remedy for this symptom.

2ndly. That the scalding was the result of the acid urine passing over the highly inflamed mucous surface of the urethra; and that this was to be remedied by the administration of the alkaline carbonates for the purpose of neutralizing the acidity of the urine, thus removing the principal cause of the continuance of the inflammation.

3d. That in all disputed cases, the true gonorrhœa may be known from the spurious by the presence of redness, heat, pain, and swelling, together with a purulent discharge, more or less green and offensive; whilst a discharge produced by connection with a person who has leucorrhœa, or has recently been confined, will not be accompanied by these inflammatory signs, and the discharge will be milky in consistence and color, differing much from the thick, purulent discharge of the veritable gonorrhœa.

4th. The time when infection may or may not be apprehended, was discussed in its incubative stage, and at its close. A case was given, showing that the disease may be caught from one person, and not communicated to another two nights after, because the purulent discharge had not commenced at the time of second intercourse. Respecting infection at the close of the disease, the author had been enabled, from experience, to establish, as a law for his own guidance, that gleet; i. e., a mucous discharge from the urethra, consequent on gonorrhœa—does not set up gonorrhœa in another person; but that, whilst any pus is to be found in the discharge, there is probability of infection.

Passing on to the subject of treatment, Mr. Cooke said that, upon inquiry at the London Custom House, he found that 118,396 pounds of copaiba were admitted into the port of

London only, during the first ten months of the year 1859. If this be administered at the rate of half a drachm three times a day, and supposing each patient takes it for three weeks, we have here copaiba enough to treat 473,584, or close upon half a million persons, and that in ten months, only, of the year. Considering how often it fails to cure the disease; how frequently it is rejected by, or, at any rate, disorders the stomach; how tell-tale and disagreeable is its odor from the mouth and skin; how occasionally it produces a papular eruption all over the body; and that, in many instances, swelled testicle and stricture may be traced to its irritating influence, while gonorrhœa, rheumatism, and ophthalmia, have been attributed to its administration: "considering all these objections," the author remarked, "is it not extraordinary that this disgusting medicine continues so long to hold its ground?" The abortive treatment by strong injections of nitrate of silver had proved a failure, because in some instances inflammation of the bladder had resulted. The treatment by diluents was slow in its action, and not readily employed by persons engaged in active business. That by diuretics was scarcely more successful, whilst the administration of saline aperients was generally attended with an aggravation of the ardor urinæ as well as chordee. The treatment which had been most successful in the author's experience was the chemical treatment by the alkaline carbonates, given with a view of neutralizing the acid in the urine. Thus one great source of irritation was removed from the inflamed urethra, and the subsidence of the inflammation, which nature would effect, was allowed to take place. As auxilliaries, especially where there is œdema of the prepuce, lead lotions, and elevation of the penis against the abdomen, were commended. The inflammation having subsided, and a muco-purulent discharge being left, the author had found, after giving trial to all the injections which have been at any time in vogue, that the chloride of zinc, introduced into this branch of practice by Mr. Lloyd, of St. Bartholomew's, was the most efficacious of any in curing the disease, and that with less discomfort and in a much shorter time than by any other means. Since employing this treatment, he had had little, if any, orchitis amongst his patients. The strength of the injection he most commonly employed, was two grains to the ounce, but in some instances one grain to the ounce was sufficient. Whilst advocating this treatment in persons of healthy constitution, it was necessary to completely change it in others. In the strumous, in the dyspeptic, in those of dissipated

habits, and where the diseased person is an old offender, the alkaline carbonates are not called for, because either the urine is not acid or the inflammation does not run high. In such cases the tincture of iron or sulphuric acid and bark, or gentian, or calumba, may be advantageously employed from the commencement; and the chloride-of-zinc injection in these cases is also of the utmost value in rapidly overcoming the disease.

Respecting diet, the author considered that after the subsidence of the inflammatory symptoms, scarcely any restriction need be enforced, and that beer or wine in moderate quantities may be advantageously used by those who are accustomed to these beverages. He had found long-established cases of gleet yield readily to the chloride-of-zinc injection, accompanied with tonic treatment and generous living.

In conclusion he would rejoice if the treatment he had found so serviceable should be followed out by others, and thus assist in banishing altogether from surgical practice the use of so nauseous a drug as cobaiba.—*London Lancet.*

ON THE TREATMENT OF WHOOPING-COUGH BY DILUTED NITRIC ACID.

BY JOHN ATCHERLEY, M.R.C.S., ENG.

I wish to direct the attention of the profession to the diluted nitric acid in the treatment of whooping-cough. It has already been employed in whooping-cough to some extent, and was first recommended some years ago, by Dr. Arnold, of Montreal.

Having had abundant opportunities during the last two years, of testing its efficacy, I may be permitted to speak with some degree of confidence as to its value. I have confined myself exclusively to its use in every case I have had to treat throughout that period, and I can affirm as to the ordinary duration of whooping-cough has been computed to average ten weeks, in defiance of every method of treatment that had hitherto been adopted, the diluted nitric acid effects its removal in less than three weeks, except in cases where its course had been interrupted by some serious complications.

Any medicine capable of abridging the duration of a disease whose fatality is in proportion to its continuance, must be of

incalculable value. I am convinced that when it becomes more generally used, it will meet with the concurrence of the profession, and will hold a high place, and be the cardinal remedy, if not supercede all other medicines in whooping cough.

In prescribing the diluted nitric acid, I usually begin with five minim doses every three hours, say for a child six months old, and gradually increase the dose, in proportion to the age, to fifteen minims every second hour, should the paroxysms become aggravated, or of more frequent recurrence. When the intervals become lengthened, which generally happens after the second day, the medicine may be given less frequently; but it is of importance that the acid should be continued ten days after all symptoms of the disease have subsided. From the neglect of this precaution, I have seen the cough return with all its former violence when the medicine has been abruptly discontinued; therefore, it should be given in moderate doses, three times a day, after all traces of the affection have passed away.

The form I generally use is the one originally suggested, viz: diluted nitric acid, compound tincture of cardamoms, syrup and water. This is always taken without the slightest reluctance, as it is agreeable to the taste—a great consideration in prescribing medicine for children, which requires to be continued for some length of time.

In conjunction with the above treatment, I have invariably employed a stimulating embrocation to the back and chest, night and morning, consisting of one ounce of camphor liniment, and two drachms of spirits turpentine.

Of course, it is necessary as in all diseases of the respiratory organs, that proper attention should be paid to the state of the bowels, regulation of temperature, clothing and diet. I have also seen great benefit derived from the inhalation of the fumes of burning nitre-paper; two pieces of about four inches square are burnt in the bed-room on retiring to rest, and one piece burnt occasionally in the room occupied by the child in the day-time, appears to shorten the paroxysm, and to deprive it in a great measure of its spasmodic character, rendering it more like the cough of ordinary catarrh. Chloroform is the best anti-spasmodic that can be used during the fit, but parents have a great dread of its effects, unless administered by the medical attendant; but from the apparent simplicity in the fumes of burning nitre-paper, they are readily induced to give it a trial.—*Med. Times and Gazette.*

M. VELPEAU'S REPORT ON COAL-TAR AS A DISINFECTANT.

The Academy of Sciences having appointed a committee composed of MM. Cheveul, Cloquet, and Velpeau, to consider the claims of MM. Corne and Demeaux's preparation of coal-tar and plaster as a disinfectant, an extensive series of comparative trials between it and other substances was instituted at La Charite, and M. Velpeau has recently presented to the Academy an elaborate report on the results. The general conclusions are—1. That coal-tar mixed with plaster, disinfects putrefying organic matter. 2. In its therapeutical applications it has only realized a portion of its promises. As a disinfectant in the autopsy-rooms, (upon this point even in the hottest weather, M. Velpeau speaks in the strongest terms,) in the beds of the dirty patients, and wherever there are infected matters, its properties are indubitable. The same may be said of putrid and gangrenous discharges, fetid suppurations, sanious wounds, ichorous caverns, and hospital gangrene; but with respect to open wounds and ordinary ulcers, other topical preparations are preferable. 3. Employed with charpie, linen, ointments, cerates, or taken internally, it has furnished no useful result. 4. As an absorbent, especially used as a cataplasm, it acts very indifferently. It must be remembered that abnormal liquids, especially pus, are very different compounds to water; and plaster, which exerts great absorbing power on the latter, may imbibe but very little pus. Still, whether in powder or cataplasms, the compound may render some service, even as an absorbent, in fetid or putrid suppurations. To secure the good effects of the coal-tar and plaster, certain percautions must be taken, the neglect of which may probably explain the entire inefficacy this mixture has exhibited in the hands of some experimenters. It is fine modeling plaster, and not common plaster, which should be employed; and the coal-tar, or carburetted oils, in the proportion of from two to four per cent, triturated with it, should impart to it a grayish color, while leaving its dry and pulverulent quality. Anatomical parts, to be disinfected, should be rolled in this powder, so as to bring it in contact with all parts at their surfaces. Gangrenous or putrid sores, must be covered by thick layers, laid on in handfuls several times a day; and, in the case of blood, pus, dejections, etc., enough must be put on to form a kind of paste, replacing the layer of powder by a new one, when it no longer absorbs. Mixed with white oil into a thick state, it may be applied as a cataplasm.—*Med. Times.*

OUR CONFRERES OF THE JAPANESE EMBASSY.

An interesting interview occurred a few days since between Dr. Hills, Superintendent of the Columbus (O.) Lunatic Asylum, and the physicians to the Japanese Embassy. The following colloquy took place:

Dr. Hill—How many insane persons have you in Japan? Very few.

Have you separate hospitals for them? We have four hospitals in Jeddo for the sick, with separate wards for the insane.

Do you use force or violence in their management? We do not, but have strong rooms and guards.

Do you ever bleed insane patients? Never.

Are idiots and lunatics kept in the same hospitals? They are, but in different wards; we have but few; not more than twenty in all; there may be some in private hospitals.

How many sick do you average in your hospitals? From five to eight hundred, but all poor.

Here the Japanese doctors became interrogators, and inquired:

Have you many insane?

Dr. Hill—We have three hundred in my hospital.

How many of these are insane? All.

This reply astonished the inquisitors, who raised their hands and looked at each other.

What medicines do you use? Wines, quinine, and other stimulants.

Have you hospitals for the dumb and blind? Yes, but separate.

Have you medicinal gardens? None of importance.

The Japanese here remarked that they would like to get the seed of our plants of every description, for the imperial gardens of Jeddo, and they were informed these would be furnished them by the National Agricultural Society. They were also told that they would have an opportunity to inspect the Asylum for the Insane before leaving Washington, which appeared to gratify them very much.

☞ Dr. Letheby, of London sanitary reputation, condemns the scheme which has been adopted of deodorizing the river Thames with per-chloride of iron.

THE AURICLES OF THE HEART

ACT BY THEIR ELASTICITY AND CONTRACTILITY, NOT BY MUSCLES.

BY CHARLES SMITH, M. D., NEW ORLEANS.

To demonstrate this fact, we shall first expose the heart, and then follow the current of the blood.

Tie the pulmonary veins above the auricle; perforate the mitral valves of the ventricle, and inject through the aorta, and fill the left ventricle and auricle to their fullest capacity, and lay the preparation aside until perfectly dry; when the auricle will appear as transparent as glass, and the ventricle perfectly opaque.

This proof that the auricles have no muscles, or muscular fibres, ought to convince any one who has not committed himself upon the subject. I must confess that I have often admitted to my professor that I could see the muscular fibres in the auricles; nor could I contradict it, until I had lectured upon anatomy and physiology myself, and given the subject special attention.

We say, then, that the auricles act, upon the principle of *elasticity* and *contractility*, dependent upon the ventricles. During the action of contraction of the ventricles, the auricles are distended with blood, and continue so until the re-action of the ventricle, when the blood flows (upon the principle of the laws of fluids) into the ventricle, which again contracts, and propels it into the arteries.

We may simply say here, that, if muscular action were necessary for the purpose of emptying the auricle, the pulmonary veins would have valves, to prevent the regurgitation of blood. But, as yet, none have ever been discovered. In all the course of the circulation, we find valves in proportion to the force applied. Hence we might reasonably infer that the auricles do not really act—only passively.

The idea, then, that muscular fibres could be seen in the auricles, I believe to be an error that ought to be corrected; and if they can be shown to exist, then it is certain that the circulation of the blood does not obey the laws of force, and motion, and fluids.

If this view, then, be correct, the auricle is a passive, not an active appendage, and the blood would be acted upon the same as it would in the suction pump, where the column of water is subservient to the action of the piston.

So, in the circulation, the blood in the auricles depends upon the action of the ventricles. If passive, the auricles are

only *reservoirs*, and adapt themselves to the amount of blood required for the use of the ventricles.

In the structure of the heart, we see the vast difference between the right and left ventricles, in the compartive thickness of their parietes and the remarkably great strength of valves, to prevent reflux—all adapted to the two circulations, the general system and the pulmonary.

Now, if it is necessary to provide against regurgitation in one part of the circulation, where active force is used, it must be in all; therefore, if there were any muscular action, or other kind but passive, there would cetainly be valves at the auricles, or in the course of the pulmonary veins, otherwise the capillary circulation would be completely arrested, and the grandest object in the circulation defeated.—*N. O. Med. and Surg. Journal.*

COMPARATIVE VALUE OF ZINC IN CHOREA.

BY DR. STONE, MEDICAL REGISTRAR OF ST. THOMAS' HOSPITAL.

Dr. Stone's conclusions are based upon fifty cases of chorea admitted into St. Thomas' Hospital during the year 1858.

The general summary is as follows:

Of 16 cases treated with sulphate of zinc, 13 went out cured, 3 relieved; but two of the latter were in a fair way of recovery, and may probably be set to the credit of the medicament. On the other hand, three of those ultimately cured owed their improvement partly to ferruginous preparations, and in one case the zinc had no effect whatever. It may, then, be stated generally, that advantage was derived from the zinc in 14 out of 16 cases. The longest stay in the hospital among these cases, was 123 days; the shortest, 14; the average stay, 44.6 days.

Fourteen cases were treated during the same period with preparations of iron; all were cured. The longest stay in the hospital was 161 days; the shortest, 6 days; average stay, 44.2 days.

Twenty cases were treated with liq. potassæ arsenitis: 18 cured, 1 relieved, 1 died. The longest stay in hospital was 55 days; the shortest, 6; average stay, 26.3 days.

Average stay in hospital of the 50 cases submitted to three

principal remedies, 37.2 days; average stay of all the 54 cases, 35.4 days.

The results of this analysis are somewhat remarkable, as failing to confirm the usual estimate of the value of sulphate of zinc in this disorder. The iron seems to act more certainly, and the arsenic both more certainly and more rapidly, than the zinc. The average duration of treatment, both with iron and zinc, 44.2 days and 44.6 days respectively, is very similar, and both are above the general average of the whole number of cases, namely, 35.4 days; whereas the average stay of the arsenic cases, falls as low as 26.3 days. This difference is the more remarkable, as the character of the cases submitted to the arsenical treatment rather exceeded in severity that of the other; and, indeed, the only death recorded belonged to this division.

It remains a question whether the discrepancy between these results and those of some previous well-conducted observations is due to mere accident, or to some real difference in type between cases originating at different times, and under dissimilar circumstances.

MEDICAL STUDENTS AND GRADUATES IN THE U. S. DURING THE SESSION OF 1859–60.

Below we publish the number of students in attendance at the different medical institutions of this country. It will be seen from this list, which, although it does not represent all our schools, is probably correct, that the classes of the last session were, in the aggregate, much larger than those of the previous one:

	Students.	Graduates.
Jefferson Medical College	630	170
University of Pennsylvania	515	173
Pennsylvania Medical College	130	38
University of New York	411	138
College of Physicians and Surgeons	195	55
New York Medical College	75	20
University of Nashville	401	101
Buffalo Medical College	70	—
Medical Department of Yale College	—	13
Medical College of Ohio	123	32

	Students.	Graduates.
Virginia Medical College	—	82
Medical College of South Carolina	248	—
Atlanta Medical College	166	56
Savannah Medical College	—	12
Medical College of Georgia	—	62
Alabama Medical College	111	15
University of Louisville	130	38
Kentucky School of Medicine	—	38
Oglethorpe Medical College	60	21
Massachusetts Medical College	195	32
Rush Medical College	101	36
Shelby Medical Colle	75	9
Cleveland Medical College	70	18
Cincinnati College of Medicine and Surgery	97	30
New Orleans School of Medicine	216	63
St. Louis Medical College	—	52
Missouri Medical College	—	30
University of Maryland	—	50
University of Louisiana	401	113
University of Michigan	185	—
University of Virginia	104	—

BISMUTH IN GLEET AND LEUCORRHŒA.

BY M. GABY, OF PARIS.

Repeated trials have convinced M. Gaby that injections of oxide of bismuth constitute the very best treatment of gleety discharges. Thirty parts are suspended in two hundred of rose water, and so injected as to leave as large a deposite of the salt as possible in the canal. Three injections per day should be employed at first, and then fewer. He has collected forty-three cases thus treated with success, five of which he briefly relates. Urethral discharges, unconnected with gonorrhœa, as observed in certain diatheses, in masturbation, venereal excesses, etc., and increasing in quantity, even after pure connection, have been successfully treated by this means in three instances.

Balanitis and balanoposthitis, and herpes præputialis yield rapidly to bismuth, applied in powder, after cleansing the

part, and then covering with cotton. The various forms of vulvar leucorrhœa may be treated with bismuth. (One of these is entirely confined to the vulva, whether appearing as a consequence of follicular vulvitis, or without previous inflammatory symptoms. The latter is often met with in little girls.) Pregnancy, want of cleanliness, masterbation, worms, or contusion, are among the exciting causes. After removing all complication, the bismuth acts upon the discharge like a specific.

In the leucorrhœa of girls, powdering with bismuth is an excellent remedy. In ordinary vaginal leucorrhœa, occurring in women otherwise healthy, and having no other disease of the genito-urinary organs, the bismuth succeeds well.

Urethra-vaginal leucorrhœa, is almost always of infectious origin. In several instances reported, it yielded to bismuth after obstinately resisting other remedies. It is to be remembered that all the cases in which bismuth is useful are of the chronic description, and that pain and other signs of acute inflammation, contra-indicate its employment.—*North American Medical Reporter.*

IODIZED GLYCERINE IN SKIN DISEASES.

This solution is prepared after the following formula: ℞. Potassii iodidi, et iodini, each ʒ i.; glycerine, f ʒ ij. Add the iodide of potassium to the glycerine, and when a solution is effected, add the iodine. A few minutes' agitation will cause a perfect dissolution.

This solution has the great advantage over alcoholic solutions of not drying; in consequence the surfaces remain supple and the absorption and action of the iodine is much prolonged. It should be applied to the affected part, and covered with gutta-percha paper, to prevent evaporation, and increase the perspiration of the part. It is left untouched for twenty-four hours, and the degree of re-action regulates its further application. The application of water will readily remove all traces of the solution. This solution occasions pain, which varies in intensity and duration according to the state of the diseased part and the sensitiveness of the patient. There has, however, never been any general inconvenience. On removing the application, the healthy skin has become brown and

the diseased parts paler than before. On ulcerating surfaces, no trace of iodine will be found two hours after its application. Sometimes its action has been so powerful as to produce phlyctene.

The results of Dr. Richter's experiments are, that this solution acts as a caustic; that it has really a heroic action in cases of lupus; that its efficacy is remarkable in non-vascular goitre, scrofulous ulcers, constitutional syphilitic ulcers—doubtful in primitive chancres and eczema, and useful in psoriasis.—*Wener Med. Wochens-Schrift.*

REMARKS AND TRANSLATIONS,

ILLUSTRATIVE OF THE PHYSIOGNOMY OF THE BATTLE-FIELD, AND THE ATTITUDES OF THE DEAD.

BY BENNETT DOWLER, M. D.

Like so many Alexanders,
Have, in these parts, from morn till even fought,
And sheathed their swords for lack of argument.

The poet, in every age, has labored to veil the hideousness of the battle-field, the aceldama where victory and glory are won. Here, scattering the flowers of song to the memory of the fallen, he invokes the noblest, mightiest, yet too often the most selfish passion, the love of country, right or wrong, as not only justifying carnage, but requiring unnumbered victims. It is sweet, it is honorable, says the Roman poet, to die for one's country:

"Dulce et decorum est pro patria mori."

"How sleep the brave, who sink to rest,
By all their country's wishes blest!"

But neither the masters of the world nor the poets can look the grim statistics of the killed and wounded in the face without comprehending their sad import, the unutterable anguish and bereavement of the families and friends of the slain and mutilated, and sympathising with the living and the dead.

The position of the medical man in the army, and particularly on the field of battle, though he is a non-combatant, is often one of danger, always one of usefulness, but never one of glory, in the military sense of that word. Amid dense

smoke, the clangor of arms, the thunderings of artillery, and the rattling of shot, the surgeon, in modern wars, operates, often immediately on the battle-ground, where many of the wounded may be thus saved, who would otherwise perish in a few moments from hæmorrhage, etc. And when the battle is ended, his work at the hospital or ambulance still goes on, as amputations, disarticulations, trephinings, extracting bullets and other projectiles, dressing wounds, fractures, etc.; while the victorious combattants are partaking of the loud acclaims and blandishments of the public, enjoying festivities and amusements, honors, promotions and repose. The surgeon, in the meanwhile, hears, instead of the pæans of triumph, the groans of the mutilated, and the last sighs of the dying.

It appears that during the recent battles in Italy, some of the French physicians were directed by their superior medical officers, in addition to their more immediate duties to the living, to study the physiological mechanism, if one may so speak, of death itself, as it occurred on the battle-field—that is to say, the physiognomy, positions and attitudes incidental to death from the arms of war, during, or as soon as possible after, the conflict. Thus the surgeon passed from his operating ambulance to view the fallen. Is not this an intensification of the moral sublime? a unique study; original? French? more than tragedians ever conceived?

Thus Dr. Armand, physician-major of the first class, chief of the ambulance of the headquarters of the fourth corps of the French army of Italy, relates, from personal observation, some interesting particulars concerning the aspects and attitudes of the slain on the battle-fields of the Crimea and of Italy—a condensed translation or sketch of which (from the *Gaz. Hebdom. de Med.*, Sept. 16, 1859) will be subjoined, as worthy of consideration, psychically, physiologically, and traumatically.

During the day of the battle of Magenta, including the night, eight hundred wounded Frenchmen and Austrians underwent capital or minor operations and dressings at the ambulance of Dr. Armand. With his two assistants, he had completed his work by the dawn of the following day, when he proceeded to inspect the bloody field of Magenta, and the attitudes of the slain. A melancholy, not a useless study.

Dr. Armand observed that a great number of the dead preserved, as nearly as may be, the same attitudes in which they had been when the messengers of death struck them—a proof that they had passed from life to death without agony, without convulsions. Those struck in the head generally lay

with the face and abdomen flat upon the ground, a position which the death-stiffness had not changed, holding, for the most part, their weapons still grasped in their hands.

Dr. Armand mentions a peculiarity often attendant upon wounds of the head, in which the patient thinks himself by no means dangerously hurt, although sometimes he dies, one might say, spontaneously, or by surprise. During the battle of Solferino, a soldier wounded in the head by a ball, entered the ambulance and was dressed by Dr. Lambert. The ball had perforated the skull and lodged in the cerebral mass; nevertheless, the patient's intelligence was perfect; he made light of his wound; lay down, having his lighted pipe in his mouth, with his head raised upon his knapsack against the wall, where he was found afterwards, with his pipe still in his mouth. He had expired without movement or noise. Dr. Armand details a similar case, that of a sergeant-major, whom Dr. Lambert (Dr. A.'s assistant) dressed in the Crimean war. The soldier smoked on for a dozen days after having been wounded; and having lighted his pipe for the last time, died suddenly, keeping it still in his mouth. These cases are, therefore, attested by at least two medical witnesses.

Dr. Armand says that soldiers who receive their death-wounds in the heart, fall and rest in the same manner as those who are killed by injury of the brain, though the death is not so instantaneous but that it may allow an attitude, which so to speak, is active. We have seen, among others, a Zouave struck fairly in the chest, who was brought together, or doubled upon his musket, as if taking a position to charge bayonet, his face full of energy, as if advancing with an attitude more menacing than that of a lion. It is reported that His Majesty had observed a similar case at Palestro.

On the other hand, an Austrian, who had died by hemorrhage from a ball which had divided the crural vessels, whose agony had been of some duration, as proven by the blood in which he was bathed, presented the attitude of supplication; he lay on his back, a little bent to the right, his face and eyes turned towards the heavens, both hands joined together, with the fingers interlaced and contracted. This man died in the attitude of prayer. In fact, religious ideas appeared to have prevailed quite extensively among the Austrian soldiers, as well as among the Russians in the campaign in the Crimea.

In the wounds of the abdomen, as the agony was more or less prolonged, the pains were intolerable, attended with vomiting and hiccough; the face of the corpse was was generally found contracted, the hands and forearms crossed and

closed upon the abdomen, the body doubled upon itself, and resting on its side.

At Ponte Vecchio di Magenta, a hungarian hussar, killed, (as was his horse,) remained in the saddle, lying upon the right side, having the point of his sabre in advance, in the position of a horseman when charging. He had roses still fresh in his tolpak, his forehead pierced with a ball; his horse was riddled with shot in the head, and both had died simultaneously. This case was witnessed by Dr. A. Renanrd. Dr. Armand relates a parallel case which occurred to an Austrian artilleryman.

At Melegano, several French soldiers, while charging bayonet, fell mortally wounded with grape-shot; their faces rested on the ground, and their bayonets pointed in advance.

At Magenta among the slain strewed upon the battle-ground several Austrian officers were recognized of distinguished physiognomy, dressed with the utmost care and propriety in glossy gloves—one might say that they had affectedly made their toilette in anticipation of death. Their fine blonde heads of hair and regular features, for the most part different from the common soldiers, had the expression of bravery and resignation.

Next to such a vast panorama of death, the dead-house of the Charity Hospital of New Orleans, during the great epidemic of yellow fever, may claim a place. The physiognomy of the yellow fever corpse is usually sad, sullen, and pertubed; the countenance dark, mottled, yellow, livid and bloodshotten. The veins of the face, and of the whole body, often become distended; the whole expression is less calm and placid than in most other corpses, especially such as have died of hæmorrhages.

The following tableau of the dead body of Goethe is by the masterly hand of Eckerman:

"The morning after Goethe's death, a deep longing seized me to look yet once again upon his earthly garment. His faithful servant, Frederic, opened for me the chamber in which he was laid out. Stretched upon his back, he reposed as if in sleep; profound peace and serenity reigned in the features of his noble, dignified countenance; the mighty brow seemed yet the dwelling-place of thought. I wished for a lock of his hair, but reverence prevented me from cutting it off. The body lay naked, only wrapped in a white sheet; large pieces of ice had been placed around, to keep it fresh as long as possible. Frederic drew aside the sheet, and I was astonished at the divine magnificence of the form. The breast

was so powerful, broad, and arched; the limbs full and softly muscular; the feet elegant, and of the most perfect shape; nowhere on the whole body a trace either of fat or of leanness and decay; a perfect man lay in great beauty before me; and the rapture which the sight caused, made me forget for a moment, that the immortal spirit had left such an abode. I laid my hand on his heart—there was a deep silence—and I turned away to give free vent to my tears."

Independent of experience, the physiologist cognizes no inherent necessity in life itself, nor in any of its organized forms of manifestation, nor in any of its structural adaptations and finalities, for a catastrophe so melancholy—so repugnant to the instincts of humanity as death. Indeed, the analogies of the material universe wherein stability reigns, or varies only in constantly recurring cycles, seem to teach that man, for whom all things appear to exist, is, what his irrepressible instincts claim, immortal—exempt from death! The stars rise undiminished as on the morning of creation, and "pursue the even tenor of their way" through infinite space. The earth, a little scarred on its face by volcanic eruptions and accidents, undecayed by age, "spins silently onward with spheres which never sleep; her unwithered countenance being as bright as at creation's day." Trees live thousands of years and some fishes for centuries. The inferior animals neither foreknow nor apprehend impending death at every step in life. This unpleasant secret is made known to man alone. A current, he can no more resist than the unfortunate boatman caught by the descending rapids of Niagara, hurries him over a precipice into a realm as tenebrious (after all the researches of mere physical science) as that into which the fabled Styx debouched in the days of antiquity.

Poets and philosophers have sought to bring out in the foreground pictures more cheering, so as to veil the sombre tableau of death in the distance. Bryant's picture is one of the most pleasing:

> "So live, that, when thy summons comes to join
> The innumerable caravan that moves
> To the pale realms of shade, where each shall take
> His chamber in the silent halls of death,
> Thou go not like the quarry slave at night,
> Scourged to his dungeon: but, sustained and soothed
> By an enfaltering trust, approach thy grave
> Like one who wraps the drapery of his couch
> About him, and lies down to pleasant dreams."

With unsurpassed beauty, La Fontaine calls death the evening of a fine day:

"La mort est le soir d'un beau jour." (*N. O. Med. and Surg. Jour.*

PRACTICAL REMARKS ON FŒTAL AUSCULTATION.

BY R. DRUITT, L. R. C. P., LONDON.

The readers of the *Medical Times* have been startled by the announcement, on the part of one of the most learned physicians in the world, that the fœtal heart cannot be heard before birth; that if certain sounds be heard, said to be those of the fœtal heart, there is no certainty attainable that they are what they are supposed to be; and that the commonly described sounds are illusions, and exist only in the minds of the listeners. First of all, as to the facts asserted, and the reasonableness of them. To many physicians it is absolutely certain, that at most times, in women pregnant of a live child, especially after the fifth month, there can be heard, over some part of the enlarged uterus, a small and distant, but often remarkably distinct heart-beat, varying from 140 to 180 in the minute. By a heart-beat is meant a double beat, of one louder and more pronounced, and another shorter, immediately succeeding the less pronounced.

It is said to be incredible that the sounds of the fœtal heart can reach the ear through so great a mass, consisting of uterine tissues, vessel, and the limbs of the child. But the thickness of the uterus and abdominal walls is not great, and not to be compared in sound deadneing qualities to a common pillow. But who doubts that the ticking of a watch can be heard under a pillow? The writer has heard is own watch through the thickness of sixteen folds of blanket. There is, also, no real difficulty concerning the counting of so large a number of pulsations as 160 in a minute. The breathing of dying children may be distinguished at 180; the pulse at 240. The ticks of a lever watch are five to a second, and may most easily be counted at 240 per minute. When a piano is played rapidly the ear can readily recognize 720 sounds in a minute.

There is no doubt that a woman may be pregnant of a living child, and yet that at times the fœtal heart-sounds not be discovered even by one accustomed to the search. Hence, the absence of the sounds can never be taken as a proof that the fœtus is dead, or that pregnancy does not exist.

Again, sounds may be feebly heard, so that the observer cannot say that they are not heart-sounds; or other sounds may be mistaken for those of the fœtal heart. If the sounds are not confined to a small circle, or are synchronous with

those of the maternal heart, they should not be suspected to be fœtal.

Of all the signs which distinguish the enlarged uterus from other tumors, none are more valuable than the following: the uterus, like other hollow viscera, has a regular peristaltic motion, continuous throughout pregnancy, and after delivery, and consisting in periodic contractions, which cause a moderate but decided tension of the organ, and are followed by flaccidity and repose. No other tumor, not tympanitic, can do this; and, during the fits of contraction, the shape, dimensions, and outline of the organ are unmistakable. When about to auscultate, gently shampoo or roll the abdominal parieties over the womb, till it becomes hard and resisting. This is the moment for auscultation. Put the stethescope on the womb, and perpendicular to its surface. Search carefully on the horizontal line on a level with the anterior-superior spine of the ilium; beginning on the left side, then a little above and below; if unsuccessful, go to the right side. Take care that the attidude is easy, and produces no rushing sound in the ears.—*Medical Times and Gazette.*

Poisoning by Arsenic.—Dr. Blondlot has communicated, in a paper, to the Paris Academy of Sciences, a fact, which may be highly valuable in cases of poisoning by arsenic. After numerous experiments, he has come to the conclusion that the slightest quantity of greasy matter in contact with arsenious acid will reduce its solubility to about one-twentieth of what it was before. This explains at once why, in certain judicial investigations, arsenic has been sought for in vain in the liquid portion of the food contained in the stomach, when the food partly consisted of fatty substances, such as broth, milk, &c. It likewise explains how arsenious acid, taken in powder, may sometimes have sojourned a long time in the stomach before it produced any deleterious effect, since in such cases its action was hindered by the presence of fatty substances. Jugglers have been seen swallowing arsenic with impunity, because, according to Dr. Blondlot, they have previously taken the precaution to drink milk and eat fat bacon. Hence it follows that in cases of poisoning by arsenic, fatty substance may be administered as real antidotes, capable of suspending the action of the poison for a considerable time, until more radical means of effecting a cure can be applied.—*Medical Times and Gazette.*

Losses Sustained by Armies.—M. Meyne, a surgeon in a Belgian regiment of artillery, in a recent work on medical statistics, makes some interesting statements upon this point. He says that an army of 100,000 men, by the sole fact of having entered on a campaign, *i. e.*, leaving out the influence of epidemics and battles, will have 10,000 men in hospital. At the end of some months, if there has been engagements, and the number of patients increase, as is usual, we must count upon a third being placed out of service by disease. During the first fifteen years of the occupation of the Algeria by the French, one-eleventh part of the force were carried off by disease, and a 265th part only by casualties of war, *i. e.*, 23 times as many. Of the 115,000 Russian soldiers who invaded Turkey in 1828–9, but from 10,000 to 15,000 repassed the Pruth, the rest succumbing to fever, dysentery, and pestilence. During the Peninsular wars, of 25,000 French, 3,000 perished on the road from Bayonne to Lisbon either from fatigue or the scorching sun of 1808. The English army, during a period of forty-one months, of an effective force of 61,500 combatants, lost 21,930 by disease, and only 8,889 by the casualties of war. The losses of the French during the Crimean war were 16,000 deaths by the accidents of war, and 53,000 by disease, *i. e.*, 16 to 53; and the proportions were much the same for the Sardinians and the English.

Medical Students in Paris.—The number of inscriptions taken at the Faculty of Medicine of Paris, at the commencement of the present scholastic year, was 988; namely: 922 for the degree of Doctor of Medicine, and 66 for the grade of Officer of Health. Among these are 304 new inscriptions. In 1858, the total number of inscriptions was 1065; the number of new ones, 251. Last year, 34 foreign students were inscribed in the separate register; this year their number is 48.—*Med. News and Library.*

Atropin in Epilepsy.—Dr. Maresch, physician to a lunatic asylum in Virginia, states in the *Medical Times and Gazette* that he succeeded admirably in the treatment of epilepsy with atropin. Of eight females three were cured, and the others greatly improved. Other statistics equally favorable are given. One-fifteenth of a grain of this remedy produces dryness of the throat, difficulty of speech and aberration of vision.